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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

## State of New Mexico energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

DISTRICT II P.O. Drawer DD, Antesia, NM 88210

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

••			ペリソント		LANDINA	NUMALG	IAS				
Operator  KELT OIL & GAS, INC.								Well API No.			
Address						30-005- 20087					
P. O. BOX 1493, ROS	SWELL, N	™ 8820	02					. 1.11.		., - <del>-</del>	
Reason(s) for Filing (Check proper box) New Well		Change in	Teance	orter of:	Ot	ner (Please exp.	lain)				
Recompletion	Oil		Dry G		(OVV m	10 mp.r.b.n.:				0 (00 (00)	
Change in Operator	Casinghea	d Gas 🔀			(OXY 1	O TRIDEN	T ASSIG	NMENT EI	FFECTIVE	8/30/91)	
If change of operator give name and address of previous operator											
II. DESCRIPTION OF WELL	AND LE	ASE									
Lease Name CATO SAN ANDRES UNIT	Well No. 140	Pool N	lame, Includ CATO SA	ing Formation N ANDRES			Kind of Lease State, Federa Dor Fee		ease No.		
Location			.1			<del></del>					
Unit LetterJ	_ :198	0	Feet F	rom The _	SOUTH Lin	e and19	80 F	eet From The	EAST	Line	
Section 22 Townsh	ip 8 SOU	JTH	Range	30 EA	ST , N	мрм,		CH <i>A</i>	AVES	County	
III. DESIGNATION OF TRAN	SPORTE	R OF O	IL AN	ID NATU	RAL GAS						
Name of Authorized Transporter of Oil	X	or Conden			Address (Gi	e address to w				:nt)	
PRIDE PIPELINE CO.  Name of Authorized Transporter of Casinghead Gas X or Dry Gas					P. O. BOX 2436, ABILENE, Address (Give address to which approved copy of						
TRIDENT NGL, INC.					P. O. BOX 50250,			MIDLAND, TX 79710			
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actual!	y connected?	When	?			
f this production is commingled with that IV. COMPLETION DATA	from any oth	er lease or	pool, gi	ve comming	ling order num	ber:					
Designate Type of Completion	- (X)	Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Comp	i. Ready to	Prod.		Total Depth	J	.L	P.B.T.D.	<u>.                                    </u>	1	
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
Perforations								Depth Casing Shoe			
· Ciroradollo								Depui Casin	ig Snoe	 	
					CEMENTI	NG RECOR	D				
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
									<u></u>		
. TEST DATA AND REQUES	T FOR A	LLOWA	BLE		l,			<u> </u>			
OIL WELL (Test must be after r			of load	oil and must					for full 24 how	(.z.)	
te First New Oil Run To Tank  Date of Test					Producing Method (Flow, pump, gas lift, etc.)						
length of Test	Tubing Pressure				Casing Pressure			Choke Size			
Actual Prod. During Test	t Oil - Bbls.				Water - Bbls.			Gas- MCF			
GAS WELL			<del></del>							;	
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate			
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
	<u> </u>									:	
VI. OPERATOR CERTIFIC				ICE		DIL CON	ISERV	I NOITA	DIVISIO	N	
I hereby certify that the rules and regulations of the Oil Conservation  Division have been complied with and that the information given above											
is true and complete to the best of my k	nowledge and	i belief.			Date	Approve	di	N 3	511 V		
Mark a. Devenhant					D ORIGINAL STREET						
Signature A. DEGENHART PETROLEUM ENGINEER					By ORIGINAL GAGNED BY JERRY SEXTO.  CISTRICA I SUPERIVISOR						
Printed Name OCTOBER 16, 1991			Title		Title.						
Date	(30		hone N								

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

RECEIVED

OCT 25 1991

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