

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OPERATOR	
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OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C 104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator **KELT OIL & GAS, INC.**

Address **P.O. Box 1493, Roswell, New Mexico 88201**

Reason(s) for filing (Check proper box)

☐ New Well	Change In Transporter of:	Other (Please explain) February 2, 1988
☐ Recompletion	☐ Oil	
☒ Change In Ownership	☐ Casinghead Gas	

If change of ownership give name and address of previous owner **Apollo Energy, Inc., P.O. Box 8097, Roswell, New Mexico 88201**

II. DESCRIPTION OF WELL AND LEASE

Lease Name Baxter Federal	Well No. 6	Pool Name, including Formation Cato San Andres	Kind of Lease State, Federal or Fee Fed.	Lease No. NM142233
Location Unit Letter G ; 1980 Feet From The East Line and 1980 Feet From The North				
Line of Section 8 Township 8S Range 30E , NMPM, Chaves County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

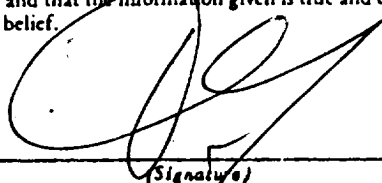
Name of Authorized Transporter of Oil ☒ or Condensate ☐ Mobil Pipeline Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 900, Dallas, Texas 75221
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ Oxy Cities Service NGL, Inc.	Address (Give address to which approved copy of this form is to be sent) Box 300, Tulsa, Okla. 74102
If well produces oil or liquids, give location of tanks. Unit F Sec. 17 Twp. 8S Rge. 30E	Is gas actually connected? Yes When NA

If this production is commingled with that from any other lease or pool, give commingling order number:

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.



Christian Deleris - President

(Title)

January 29, 1988

(Date)

OIL CONSERVATION DIVISION

APPROVED **MAR 31 1988** , 19
BY **ORIGINAL SIGNED BY JERRY SEXTON**
DISTRICT SUPERVISOR

TITLE _____

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.						
Elevations (D.F., RKB, RT, CK, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth						
Perforations				Depth Casing Shoe					
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

Date First New Oil Run To Tanks		Date of Test	Producing Method (Flow, pump, gas lift, etc.)		
Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF		

GAS WELL		Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (Pilot, back pr.)	Tubing Pressure (Short-1m)	Casing Pressure (Short-1m)	Choke Size		