

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

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

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator KELT OIL & GAS, INC.	
Address P.O. Box 1493, Roswell, New Mexico 88201	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input checked="" type="checkbox"/> Change in Ownership	Change in Transporter of: <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Gas <input type="checkbox"/> Condensate February 2, 1988

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 Hodges Federal	Well No. 3	Pool Name, including Formation Cato San Andres	Kind of Lease State, Federal or Fee Fed.	Lease No. NM022636
Location				
Unit Letter K, 1980 Feet From The South Line and 1980 Feet From The West				
Line of Section 23 Township 8S Range 30E, NMPM, Chaves County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Pride Pipeline Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 3237, Abilene, Texas 79604								
Name of Authorized Transporter of Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Cities Service Oil & Gas Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 4906, Midland, Texas 79702								
If well produces oil or liquids, give location of tanks.	<table border="1"> <tr> <td>Unit</td> <td>Sec.</td> <td>Twp.</td> <td>Rge.</td> </tr> <tr> <td>K</td> <td>23</td> <td>8S</td> <td>30E</td> </tr> </table>	Unit	Sec.	Twp.	Rge.	K	23	8S	30E
Unit	Sec.	Twp.	Rge.						
K	23	8S	30E						
Is gas actually connected?	When								
Yes	7/30/68								

If this production is commingled with that from any other lease or pool, give commingling order number: CTB-175

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 \_\_\_\_\_, 19 \_\_\_\_\_

BY \_\_\_\_\_ ORIGINAL SIGNED BY JERRY SEXTON

TITLE \_\_\_\_\_ DISTRICT I SUPERVISOR

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 (DF, RKB, RT, CR, 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 (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

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/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size