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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, Artesia, NM 88210

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

I.	REQ					AUTHORI ATURAL G					
TO TRANSPORT OIL AND NATURAL GAS    KELT OIL & GAS, INC.								Well API No. 30–005–20115			
Address P. O. BOX 1493, ROS	SWELL,	NM 000			·			30-003-2	20113		
Reason(s) for Filing (Check proper box)	JWELL,	NPI 0021	J2.		Oth	her (Please expl	ain)				
New Well		Change in	•			(. round carps					
Recompletion Change in Operator	Oil Casinghe	ad Gas 🔀	Dry Ga Conder		(OXY T	O TRIDEN	T ASSIG	NMENT EI	FFECTIV	E 8/30/91	
If change of operator give name and address of previous operator									·		
II. DESCRIPTION OF WELL	AND LE									***************************************	
ease Name CATO SAN ANDRES UNIT Well No. Pool Name, Incl				ame, Includ ATO SA	ing Formation N ANDRES			of Lease No. Federa Or Fee			
Location	1.04	00				<u>-</u>				<b>-</b>	
Unit Letter K	_ :198	80	Feet Fr	om The _	SOUTH Lin	e and198	<u>80                                    </u>	eet From The	WES'	TLine	
Section 14 Townshi	p 8 SO	UTH	Range	30 EA	ST , N	мрм,	<del></del>	СНА	VES	County	
III. DESIGNATION OF TRAN		ER OF O	IL AN	D NATU	RAL GAS						
Name of Authorized Transporter of Oil X or Condensate PRIDE PIPELINE CO.					Address (Give address to which approved copy of this form is to be sent)					sent)	
Name of Authorized Transporter of Casinghead Gas X or Dry Gas TRIDENT NGL, INC.					P. O. BOX 2436, ABILENE, TX 79604  Address (Give address to which approved copy of this form is to be sent)						
If well produces oil or liquids, give location of tanks.	ces oil or liquids, Unit Sec. Two.			Rge.	P. O. BOX 50250, MT. Is gas actually connected? When						
f this production is commingled with that	from any oth	per lease or	nool give	Comming	ling order numb	·					
V. COMPLETION DATA					ing order nume	Der.					
Designate Type of Completion	- (X)	Oil Well	G	as Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Comp	ol. Ready to	Prod.		Total Depth	······································		P.B.T.D.	L		
Elevations (DF, RKB, RT, GR, etc.)  Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
Perforations					1			Depth Casing Shoe			
	т	TIRING	CASIN	G AND	CEMENITIN	IC PECOPI		<u> </u>			
HOLE SIZE CASING & TUBING SIZE					DEPTH SET			SACKS CEMENT			
. TEST DATA AND REQUES	T FOD A	LLOWA	DIE					<u> </u>			
OIL WELL (Test must be after re				l and must	be equal to or i	exceed top allow	vable for this	s depih or be fo	or full 24 hou	urs.)	
Date First New Oil Run To Tank Date of Test					Producing Method (Flow, pump, gas lift, etc.)						
ength of Test	Tubing Pressure				Casing Pressur	re	M* //-	Choke Size			
octual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF			
GAS WELL			<del></del>					1			
octual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Co	Gravity of Condensate		
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
I. OPERATOR CERTIFICA	TE OF	CO) m	7 4 3 76		ſ						
I hereby certify that the rules and regulat	ions of the (	Dil Conserva	tion	E		IL CONS	SERVA	ATION E	DIVISIO	NC	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.							nn		. 6		
m 100	/ _/	- 001101.			Date .	Approved	11/11				
Mark U. Stegenhant					By						
MARK A. DEGENHART	PETR	OLEUM 1		EER			ş. <b></b>	<b>学展院を</b> と	**************************************		
Printed Name OCTOBER 16, 1991	(50.	1 -398 <u>(5</u>	Title -6166		Title_						
Date			none No		1						

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

Telephone No.

- 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.

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