Submit 5 Copies
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., Aztec, NM 87410	
REQUEST FOR ALLOWAE	BLE AND AUTHORIZATION
	AND NATURAL GAS
Operator	Well API No.
KELT OIL & GAS, INC.	30-005-20117
Address P. O. BOX 1493, ROSWELL, NM 88202	
Reason(s) for Filing (Check proper box)	Other (Please explain)
New Well Change in Transporter of:	
Recompletion Oil Dry Gas	/OVV TO TRIBEIT ACCIONATION PROPERTIES O /OC /OC /OC
Change in Operator Casinghead Gas XX Condensate	(OXY TO TRIDENT ASSIGNMENT EFFECTIVE 8/30/91)
If change of operator give name and address of previous operator	
II. DESCRIPTION OF WELL AND LEASE	

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SWELL.	NM 882	02									
	002			Oth	er (Please exp	lain)					
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Oil				(OXY T	O TRIDEN	T ASSIG	NMENT EF	FECTIVE	8/30/91		
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AND LE				····							
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or Condensate											
CLINE CO. ransporter of Casinghead Gas X or Dry Gas											
INC.											
Unit	Sec.	Twp.	Rge.								
from any oth	ner lease or	pool, give	comming	ing order numb	er;						
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Date Com	Compl. Ready to Prod.			Total Depth			P.B.T.D.				
Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth				
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							Depth Casing	Shoe			
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Tubing Pressure				Casing Pressur	e		Choke Size	Choke Size			
Oil - Bbls.				Water - Bbls.			Gas- MCF				
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Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate				
Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size	Choke Size				
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BOX 50250, MI least the condensat	Change in Transporter of: Oil Dry Oas Casinghead Gas Candensiste (OXY TO TRIDENT ASSIGNMENT EFI AND LEASE T Well No. Pool Name, Including Formation CATO SAN ANDRES Well No. Pool Name, Including Formation CATO SAN ANDRES State (TEGETPOF Fee From The NORTH Line and 1980 Feet From The Pool Sans (Dive address to which approved copy of this for P. O. BOX 2436, ABILENE, TX SPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this for P. O. BOX 2436, ABILENE, TX ghead Gas A or Dry Gas Address (Give address to which approved copy of this for P. O. BOX 50250, MIDLAND, TX I Unit Sec. Twp. Rge. Is gas actually connected? When? From any other lease or pool, give commingling order number: - (X) Date Compl. Ready to Prod. Name of Producing Formation Top Oli/Oas Pay Tubing Depth Casing TUBING, CASING AND CEMENTING RECORD CASING & TUBING SIZE DEPTH SET CASING & TUBING SIZE DEPTH SET Casing Pressure Choke Size Oil - Bbis. Water - Bbis. 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Date Telephone No.

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.