Submit 5 Copies
Appropriate District Office
DISTRICT 1
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

Pride Pipeline Co.

OXY USA, Inc.

Name of Authorized Transporter of Casinghead Gas

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Operator Well API No. Kelt Oil & Gas, Inc. Address P. O. Box 1493, Roswell, NM 88202 Reason(s) for Filing (Check proper box) Other (Please explain) Former Well Name: Feel, New Well Change in Transporter of: Dry Gas Recompletion Oil Brown Fed "A" #1 Casinghead Gas Condensate Change in Operator If change of operator give name and address of previous operator II. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Formation Kind of Lease Lease No. Cato San Andres Unit State, Federal of Fee 150 Cato San Andres Location 660 Feet From The North Line and 660 Feet From The West Unit Letter \_ 26 Township 8 South Range 30 East , NMPM, Chaves County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)

P. O. Box 2436,

Abilene, TX 79604

Address (Give address to which approved copy of this form is to be sent)

OXY USA, Inc.		. <del></del> .			P. O.	Box 5025	50, Mid	dland, T	X 79710	
If well produces oil or liquids, give location of tanks.	Unit P	<b>Se</b> c.     22	<b>Twp</b> . 8S	Rge.   30E	1 -	y connected? Yes	When 7	7 /30/68		
If this production is commingled with that IV. COMPLETION DATA	from any ou	her lease or p	oool, giv	e comming!	ing 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 Compl. Ready to Prod.			Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth		
Perforations				<b>1</b>	<del></del>	<del></del>	Depth Casin	ig Shoe		
	7	TUBING,	CASIN	NG AND	CEMENTI	NG RECOR	D			
HOLE SIZE		SING & TU				DEPTH SET			SACKS CEM	ENT
V. TEST DATA AND REQUES	T FOR A	ALLOWA	BLE							

or Dry Gas

OIL WELL (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 Tank 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 (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size			

## VI. OPERATOR 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 above is true and complete to the best of my knowledge and belief.

man a. 2	ourhart
Signature Mark A. Degenhart	Petroleum Engineer
Printed Name	Title
2-12-90	(505) 398-6166
Date	Telephone No.

## OIL CONSERVATION DIVISION MAR 08 1990

Date Approved. Drig. S Paul By\_ .Geologist Title\_

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.