Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Linergy, 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

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

Santa Fe, New Mexico 87504-2088

I.	REQ					AUTHORI TURAL G					
Operator							Well API No.				
KELT OIL & GAS, INC.								30-005-2	0124		
	SWELL, 1	NM 882	02								
Reason(s) for Filing (Check proper box)					Oth	ner (Please expl	ain)				
New Well	6.11	Change in	•								
Recompletion Change in Operator	Oil Casinobe:	ad Gas 🔀	Dry G		(OXY T	O TRIDEN	T ASSIG	NMENT EF	FECTIVE	8/30/91	
If change of operator give name	Casinghic	au Gas IA.	A CONIDER	usate							
and address of previous operator				· · · · · · · · · · · · · · · · · · ·				·		· · · · · · · · · · · · · · · · · · ·	
II. DESCRIPTION OF WELL Lease Name	AND LE		T= :		·			·			
CATO SAN ANDRES UNIT Well No. Pool 80			Pool N					i of Lease No. e, Federal or (Fee)			
Location		I									
Unit Letter B	: 66	50	_ Feet Fr	rom The	NORTH Line	e and 198	80 F	eet From The _	EAST	Line	
a 1/ =	0.001	7777.7					•	_			
Section 14 Townshi	p 8 SOI	JTH	Range	30 EAS	ST, NI	МРМ,		СНА	VES	County	
III. DESIGNATION OF TRAN	SPORTE	R OF O	IL AN	D NATU	RAL GAS						
Name of Authorized Transporter of Oil		Address (Give address to which approved copy of this form is to be sent)									
PRIDE PIPELINE CO. Name of Authorized Transporter of Casinghead Gas					P. O. BOX 2436, ABILENE, TX 79604						
Name of Authorized Transporter of Casinghead Gas X or Dry Gas TRIDENT NGL, INC.					Address (Give address to which approved copy of this form is to be sent) P. O. BOX 50250, MIDLAND, TX 79710						
If well produces oil or liquids, give location of tanks.	Unit Sec.		Twp. Rge.		 						
·	<u> </u>		<u> </u>								
f this production is commingled with that IV. COMPLETION DATA	nom any our	er lease or	pool, giv	e comming	ing order numb	per:			····		
Designate Time of Completion	(V)	Oil Well	(Jas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion Date Spudded		l Bardada			Total Death		<u></u>	<u> </u>		<u>i</u>	
Date Spaces	Date Comp	oi. Keady ic	PTOOL		Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas F	Pay		Tubing Depth			
Perforations								D 1 0 1	<u> </u>		
								Depth Casing	, Shoe		
TUBING, CASING ANI					CEMENTIN	NG RECOR	D				
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			S	SACKS CEMENT		
									·		
						<u> </u>					
IL WELL (Test must be after re											
Date First New Oil Run To Tank	t be equal to or exceed top allowable for this depth or be for full 24 hours.) Producing Method (Flow, pump, gas lift, etc.)										
ength of Test Tubing Pressure					Casing Pressur	re		Choke Size			
Actual Prod. During Test Oil - Bbls.					Water - Bbls.			Gas- MCF			
On - Bois.					Water - Duis.						
GAS WELL							· · · · · · · · · · · · · · · · · · ·	1			
Actual Prod. Test - MCF/D	Length of T	est			Bbls. Condens	ate/MMCF		Gravity of Co	ndensate		
esting Method (pitot, back pr.) Tubing Pressure (Shut-in)											
esting Method (pitot, back pr.) Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size				
I. OPERATOR CERTIFICA	ATE OF	COMP	ITANI	CE	·			<u> </u>			
I hereby certify that the rules and regular	tions of the (Dil Conserv	ation		0	IL CON	SERVA	ATION D	VISIO	N	
Division have been complied with and the is true and complete to the best of my kn	nat the inform	nation give	n above						877 2 743		
- 1 - 6	/ ,	o Dellel.			Date	Approved	·	· · · · · · · · · · · · · · · · · · ·			
Mark a. Stepen	hart				_						
Signature A. DEGENHART PETROLEUM ENGINEER					By ORIGINAL SCORES BY JENSY SEXTON						
Printed Name Title					Title_		ate i bij	PERVISOR			
OCTOBER 16, 1991 Date	(50	5) 398			11116						
~400		releb	hone No	۱۰ ا	I						

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.

RECEIVED

OCT 2 5 1991

GGS HOBBS OFFICE