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		San	ita Fe, New N	Mexico 875	04-2088					
I.			R ALLOWA							
Operator		IO INAI	NSPORT O	L AND NA	TURAL G		API No.			
Kelt Oil & Gas, Inc.			1,1011	AIIIV.						
P. O. Box 1493, Ros	swell. N	M 88202)							
Reason(s) for Filing (Check proper box)		00202		X Ou	ner (Please expli	zin)	· · · · · · · · · · · · · · · · · · ·		·	
New Well			Transporter of:		mer Well	-				
Recompletion Change in Operator	Oil Cartant	_	Dry Gas		Crosby "E					
If change of operator give name and address of previous operator	Casinghead	a Gas	Condensate		71 03 by 1	π2-1		·····		
II. DESCRIPTION OF WELL	AND LEA	SF				·				
Lease Name	Well No. Pool Name, Includ				*	Vind	of Lease No.			
Cato San Andres Unit	Jnit 45 Cato San						d of Lease No.			
Unit LetterL	_ :_ 165	0,	Feet From The	South ::-	660					
Section 10 Townshi				- 4		F	eet From The	<u>west</u>	Line	
			Range 30 Ea.		МРМ,	· · · · · · · · · · · · · · · · · · ·	Cì	naves	County	
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	ISPORTEI	or Condensa	AND NATU	RAL GAS						
Pride Pipeline Co.	Address (Give address to which approved copy of this form is to be sent)					eni)				
Name of Authorized Transporter of Casing	P. O. Box 2436, Abilene, TX 79604 Address (Give address to which approved copy of this form is to be sent)									
OXY USA, Inc.	or Dry Gas	P. 0.	Box 5025	ich approved 0. Mic	l copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	of tanks. Unit Sec. Twp. Rge. Is gas actually connected?					When	When?			
If this production is commingled with that				ling order num	Yes ber:					
IV. COMPLETION DATA		,								
Designate Type of Completion	- (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back Sa	me Res'v	Diff Res'v	
Date Spudded	Date Compl	. Ready to P	Tod.	Total Depth		· · · · · · · · · · · · · · · · · · ·	P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Top Oil/Gas Pay									
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Perforations							Tubing Depth			
2 01101830119							Depth Casing S	hoe		
	π	JBING, C	ASING AND	CEMENTIN	NG RECORT	<u> </u>				
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
						·				
I management									·	
V. TEST DATA AND REQUES OIL WELL (Test must be after re	T FOR AI	LLOWAB	LE	<u> </u>		·	1			
OIL WELL (Test must be after re Date First New Oil Run To Tank	Date of Test	d volume of i	load oil and must	be equal to or	exceed top allow	vable for this	depth or be for j	iull 24 how	3.)	
	Date of Test			Producing Me	thod (Flow, pur	ıp, gas lift, e.	(c.)			
Length of Test	Tubing Press	ure		Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.			Water - Bbls			Gas- MCF			
				Water - Dolla.			Gas- MCF			
GAS WELL										
Actual Prod. Test - MCF/D	Length of Te	si		Bbls. Condensate/MMCF			Gravity of Condensate			
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size			
T. ODED . TO				·		į	CHOICE SIZE			
I. OPERATOR CERTIFICA	TE OF	COMPLI	ANCE		W 00M	>==>\	71011			
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above				OIL CONSERVATION DIVISION						
is true and complete to the best of my kn	owledge and	belief.		Doto	- <u>- ۱</u>		MAR 08	1990		
Maple a A	Orig. Signed by									
Signature Signature				Paul Kautz Geologist						
Mark A. Degenhart	Pet		Engineer	-,	· · · · · · · · · · · · · · · · · · ·					
Printed Name 2-12-90 (505) 398-6166					-					
Date	(30	Telephor		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.

RECEIVED

MAR 6 1990

OCT Hobbs Carice