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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

DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410 Santa Fe, New Mexico 87504-2088

I.	REQUE					AUTHORI					
Operator KELT OIL & GAS. INC	T OIL & GAS, INC.					Well API No. 30-005-20139					
Address P. O. BOX 1493, RO		8820				<u> </u>			201)9		
Reason(s) for Filing (Check proper box New Well Recompletion Change in Operator	·)	Change in	Transporte Dry Gas		<del></del>	O TRIDEN	·	NMENT E	FFECTIVI	E 8/30/91)	
If change of operator give name and address of previous operator	Canaga Ca	Ous MA	Condensa	<u></u>	·						
II. DESCRIPTION OF WELL	L AND LEAS	SE									
				e, Includ ΓΟ SAI	ing Formation N ANDRES			of Lease No. Federal or Fee			
Location Unit LetterO	. 660		Feet Fron	The S	OUTH Line	e and 1980	F	eet From The	EAST	Line	
Section 28 Township 8 SOUTH Range 30 EA					ST M	мрм,		CHAVES County			
III. DESIGNATION OF TRA Name of Authorized Transporter of Oil		OF OI	L AND	NATU	RAL GAS			73 F			
PRIDE PIPELINE CO.								copy of this form is to be sent) ENE, TX 79604			
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) P. O. BOX 50250, MIDLAND, TX 79710					ient)	
If well produces oil or liquids, give location of tanks.	Unit Se	x.	Iwp.	Rge.							
If this production is commingled with the IV. COMPLETION DATA	it from any other	lease or po	ool, give c	ommingl	ing order numb	per:					
Designate Type of Completion	n - (X)	Dil Well	Gas	Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl. I	Ready to I	rod.	-	Total Depth			P.B.T.D.	<u> </u>		
Elevations (DF, RKB, RT, GR, etc.)  Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
Perforations								Depth Casing Shoe			
					CEMENTING RECORD						
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE			Ξ	DEPTH SET			SACKS CEMENT			
									····		
	<u> </u>							<del> </del>	<del></del>		
V. TEST DATA AND REQUE  OIL WELL (Test must be after											
Date First New Oil Run To Tank Date of Test					st be equal to or exceed top allowable for this depth or be for full 24 hours.)  Producing Method (Flow, pump, gas lift, etc.)						
Length of Test	Tubing Pressur				Casing Pressur	T)		Choke Size		-	
Actual Prod. During Test	unng Test Oil - Bbls.				Water - Bbis.			Gas- MCF			
GAS WELL		-						4			
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate			
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
I. OPERATOR CERTIFIC  I hereby certify that the rules and regul  Division have been complied with and is true and complete to the best of my	lations of the Oil ( that the informati	Conservation given	ion	E		IL CON			DIVISIC	)N	
Mark O. Degenhant					Date Approved						
MARK A. DEGENHART PETROLEUM ENGINEER Printed Name OCTOBER 16, 1991 (505) 398-6166				ER_	By						
Date		Telepho		-					-	* * man * man *	

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.