

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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| TRANSPORTER | OIL | |
| | GAS | |
| OPERATOR | | |
| PRODUCTION OFFICE | | |

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
KELT OIL & GAS, INC.

Address
P.O. Box 1493, Roswell, New Mexico 88201

Reason(s) for filing (Check proper box)

| | | |
|---|--|--|
| <input type="checkbox"/> New Well | Change in Transporter of: | Other (Please explain) February 2, 1988 |
| <input type="checkbox"/> Recompletion | <input checked="" type="checkbox"/> Oil | |
| <input checked="" type="checkbox"/> Change in Ownership | <input type="checkbox"/> Dry Gas | |
| | <input type="checkbox"/> Casingshead Gas | |

If change of ownership give name and address of previous owner Apollo Energy, Inc., P.O. Box 8097, Roswell, New Mexico 88201

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|--|---------------|---|---|-----------|
| Lease Name Winkler Federal | Well No. 7 | Pool Name, Including Formation Cato San Andres | Kind of Lease State, Federal or Fee Fed. | Lease No. |
| Location Unit Letter L : 1980 Feet From The South Line and 660 Feet From The West Line of Section 28 Township 8S Range 30E NMPM, Chaves County | | | | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

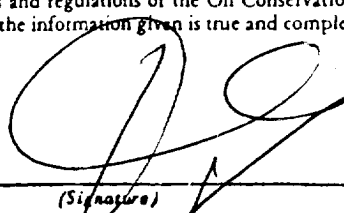
| | |
|---|---|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Pride Pipeline Corporation | Address (Give address to which approved copy of this form is to be sent) P.O. Box 3237, Abilene, Texas 79604 |
| Name of Authorized Transporter of Casingshead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Cities Service Oil Company | Address (Give address to which approved copy of this form is to be sent) P.O. Box 300, Tulsa, Oklahoma 74102 |
| If well produces oil or liquids, give location of tanks. Unit M Sec. 28 Twp. 8S Rge. 30E | Is gas actually connected? When Yes 8/17/68 |

If this production is commingled with that from any other lease or pool, give commingling order number:

NOTE: Complete Parts IV and V on reverse side if necessary.

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



Christian Delers - President

January 29, 1988

(Date)

OIL CONSERVATION DIVISION

APPROVED MAR 30 1988, 19
BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR
TITLE _____

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

IV. COMPLETION DATA

| 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 | | | | | | Depth Casing Shoe | | | |

TUBING, CASING, AND CEMENTING RECORD

| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
|-----------|----------------------|-----------|--------------|
| | | | |
| | | | |
| | | | |
| | | | |

V. TEST DATA AND REQUEST FOR ALLOWABLE (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)

| OIL WELL | | Producing Method (Flow, pump, gas lift, etc.) | |
|---------------------------------|-----------------|---|------------|
| Date First New Oil Run To Tanks | Date of Test | | |
| 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 (pilot, back pr.) | Tubing Pressure (shut-in) | Casing Pressure (shut-in) | Choke Size |