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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator				İ	Well All	110.				
Kelt Oil & Gas, Inc										
Address	swell, NM 88	202								
P. O. Box 1493, Rollerson(s) for Filing (Check proper box)	oswell, ivr oo.	202	X Other (Plea	ase explain)						
lew Well	Change i	Change in Transporter of: Former Wel								
lecompletion	Oil [Dry G25		Amco Fed #4 WFF						
Change in Operator	Anici	Ameo red #4 WTF								
change of operator give name										
I. DESCRIPTION OF WELI	. AND LEASE									
Lease Name	ding Formation	ng Formation Kind q			f Lease No. Federal or Fee					
Cato San Andres Uni		Andres								
Location					<u> </u>					
Unit LetterG	<u> </u>	Feet From The _	North Line and	1980	Feet	From The $_$	East	Line		
22 _	. O Cauth	; 20 E					Chaves	G		
Section 33 Towns	hip 8 South	Range 30 Ea	ast , NMPM,				Onaves	County		
II. DESIGNATION OF TRA Name of Authorized Transporter of Oil	NSPORTER OF Or Cond		URAL GAS Address (Give addr	ess to which a	pproved co	py of this for	rm is to be se	ni)		
Name of Authorized Transporter of Cas	inghead Gas	or Dry Gas	Address (Give addr	ess to which a	pproved co	py of this for	rm is to be se	ni)		
If well produces oil or liquids,	Unit Sec.	Sec. Twp. Rge. Is gas actually connected? Wh			When?	n ?				
e location of tanks,			is gas actually com	1	•					
f this production is commingled with the V. COMPLETION DATA	at from any other lease of	or pool, give commi	ngling order number:							
Designate Type of Completio	n - (X)	ell Gas Well	New Well Wor	rkover D	ecpen	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.)	Top Oil/Gas Pay	Top Oil/Gas Pay			Tubing Depth					
Perforations			1		<u> </u>	Depth Casing	Shoe			
	TUBING	G, CASING AN	D CEMENTING I	RECORD						
HOLE SIZE CASING		TUBING SIZE	DEP	DEPTH SET			SACKS CEMENT			
					-					
V. TEST DATA AND REQU	EST FOR ALLOV	VABLE				****				
OIL WELL (Test must be afte	r recovery of total volum	ne of load oil and m	ust be equal to or excee	ed top allowab	le for this a	lepth or be f	or full 24 hou	rs.)		
Date First New Oil Run To Tank	Date of Test		Producing Method	(Flow, pump,	gas lift, etc	.)				
Length of Test	Tubing Description		Casing Program	Casing Pressure				Choke Size		
	Tubing Pressure			Casing Pressure			Choice Size			
Actual Prod. During Test	tual Prod. During Test Oil - Bbls.		Water - Bbls.	Water - Bbls.			Gas- MCF			
GAS WELL										
Actual Prod. Test - MCF/D	Length of Test		Bbls. Condensate/	Bbls. Condensate/MMCF			Gravity of Condensate			
Testing Method (nited hout an)	Tubia base (6					 				
Testing Method (pitot, back pr.)	Tubing Pressure (S	nut-m)	Casing Pressure (S	nut-in)		Choke Size				
VI. OPERATOR CERTIF	CATE OF CON	APLIANCE								
I hereby certify that the rules and re	gulations of the Oil Con	servation		. CONSI	ERVA	TION I	DIVISIO	NC		
Division have been complied with a is true and complete to the best of n	nd that the information	given above			44	<u>4</u> 5 10	1000			
M. 1 a 6)	•	Date Ap	proved.						
Mry a. X	Redokat									
Signature Morale A December 1	7	eum Enginee	· By			THO STE	ned by			
Mark A. Degenhart Printed Name	· -	By Orig. Signed by Paul Foutz								
2-12-90	(505)	Tille _398-6166	Title			Geolo	gist			
Date		Celephone No.	·							

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.