

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
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DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	<input type="checkbox"/> OIL <input type="checkbox"/> GAS
OPERATOR	
PROMOTION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator KELT OIL & GAS

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:
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil
<input checked="" type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas
	<input type="checkbox"/> Dry Gas
	<input type="checkbox"/> Condensate

Other (Please explain)

If change of ownership give name and address of previous owner APOLLO ENERGY INC. P.O. BOX 8097 ROSWELL NM 88201

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>AMCO FED</u>	Well No. <u>4</u>	Pool Name, including Formation <u>CATO - SAN ANDRES</u>	Kind of Lease State, Federal or Fee <u>FED</u>	Lease No. <u>NM-0155254A</u>
Location Unit Letter <u>G</u> <u>1980</u> Feet From The <u>NORTH</u> Line and <u>1980</u> Feet From The <u>EAST</u> Line of Section <u>33</u> Township <u>8S</u> Range <u>30E</u> , NMPM, <u>CHAVES</u> 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"/> <u>PRIDE PIPELINE CORP.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. BOX 3237 ABILENE TX. 79604</u>					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>OXY CITIES SERVICE NGL, INC.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. BOX 4906 MIDLAND TX. 79702</u>					
If well produces oil or liquids, give location of tanks.	Unit <u>G</u>	Sec. <u>33</u>	Twp. <u>8S</u>	Rge. <u>30E</u>	Is gas actually connected? <u>YES</u>	When <u>8-15-68</u>

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.

PETROLEUM ENGINEER

16 MAR 88

OIL CONSERVATION DIVISION

APPROVED _____, 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 deviated 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 multiple completed wells.

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HOBBS OFFICE