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., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

1.		<u> TO TRA</u>	NSP(ORT OIL	L AND NA	TURAL G	AS				
Operator Kelt Oil & Gas, Inc.							Well	II API No.			
Address P. O. Box 1493, Ross	well, N	M 8820:	2					· ····	***************************************		
Reason(s) for Filing (Check proper box)					X Ou	ner (Please expl	lain)				
New Well		Change in	Transpo	rter of:							
Recompletion	Oil Dry Gas										
Change in Operator Casinghead Gas Condensate Queen #3											
If change of operator give name and address of previous operator								/ '\ \			
II. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including Formation Kind of Lease Lease No.											
Cato San Andres Unit	ing Formation Andres			Kind of Lease State, Federal of Fee							
Location F 1080 N											
Feet From The Line and Feet From The Line											
Section 10 Township 8 South Range 30 East , NMPM, Chaves County											
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS											
Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)											
Name of Authorized Transporter of Casing OXY USA, Inc.	P. O. Box 2436, Abilene, TX 79604 Address (Give address to which approved copy of this form is to be sent)										
If well are those all and the last					P. O. Box 50250, Midland, TX 79710						
give location of tanks.	Li	11	8S	30E		Yes	When				
If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA											
Designate Type of Completion	- (X)	Oil Well	G	as Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	,
Date Spudded Date Compi. Ready to				· · · · · · · · · · · · · · · · · · ·	Total Depth	L	<u> </u>	P.B.T.D.			
vations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas	Pay		Tubing Depth			
Perforations								Depth Casing Shoe			
TUBING, CASING AND						NG RECOR	D				
HOLE SIZE CASING & TUBING SIZE						DEPTH SET		SACKS CEMENT			
4							··········				

7. TEST DATA AND REQUES	T FOR A	LLOWA	BLE								
OIL WELL (Test must be after re				il and must	be equal to or	exceed ton allo	wahle for this	danth or he s	for full 24 hour	1	
Date First New Oil Run To Tank	be equal to or exceed top allowable for this depth or be for full 24 hours.) Producing Method (Flow, pump, gas lift, etc.)										
ength of Test	Tubing Pressure				Casing Pressu	те		Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.		· · · · · · · · · · · · · · · · · · ·	Gas- MCF			
GAS WELL	··		-				•••••••••••••••••••••••••••••••••••••••				
Actual Prod. Test - MCF/D	Length of Te	:st			Bbls. Condens	sate/MMCF		Gravity of C	ondensate		
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
I. OPERATOR CERTIFICA	TE OF	COMPI	JANO	TE.							
I hereby certify that the rules and regulat						DIL CON	SERVA	1 NOITA	DIVISIO	M	
Division have been complied with and that the information given above					OIL CONSERVATION DIVISION						
is true and complete to the best of my knowledge and belief.					Date Appro MAR 0 8 1990						
man a. Degerhant					Projections 11						
Signature Mark A. Degenhart Petroleum Engineer					Paul Kautz						
Printed Name Title					Title		ologist				
2-12-90 Data	(50)5) <u>398</u>			I TILLE	······································	· · · · · · · · · · · · · · · · · · ·				
Date		Teleph	ione 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.

RECEIVED

MAR 6 1990

MOBBS OFFICE