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 Well API No. Kelt Oil & Gas, Inc.

| P. O. Box 1493, Ros  | well. NM 8820  | )2                            |                |                                  |  |                   |                             |            |  |
|--|--|-------------------------------|----------------|----------------------------------|--|-------------------|-----------------------------|------------|--|
| Reason(s) for Filing (Check proper box)  | ,              |                               | X Oth          | er (Please explo                 | zin)   |                   |                             |            |  |
| New Well   | Change in Transporter of: Former Well Name:          |                               |                |                                  |  |                   |                             |            |  |
| Recompletion   | Oil Dry Gas Baskett "D" #6                           |                               |                |                                  |  |                   |                             |            |  |
| Change in Operator  f change of operator give name   | Casinghead Gas                                       | Condensate                    |                |                                  |  |                   |                             |            |  |
| nd address of previous operator  |  | -                             |                |                                  |  |                   |                             |            |  |
| I. DESCRIPTION OF WELL   |  |                               |                |                                  |  |                   |                             |            |  |
| Lease Name   |  |                               |                |                                  |  |                   | of Lease No. Federal of Fee |            |  |
| Cato San Andres Unit   | 22   | Cato San                      | Andres         |                                  | State,                                       | racial of tes     |                             |            |  |
| Unit Letter B  | _:660  | Feet From The                 | North Lin      | and <u>198</u> 0                 | <u>)                                    </u> | et From The       | East                        | Line       |  |
| Section 11 Townsh  | ip 8 South   | 8 South Range 30 East , NMPM, |                |                                  |  | Chaves County     |                             |            |  |
| II. DESIGNATION OF TRAI  | NSPORTER OF O  | II. AND NATII                 | DAL GAS        |                                  |  |                   |                             |            |  |
| Name of Authorized Transporter of Oil  | or Conde   |                               | Address (Giv   |                                  |  | copy of this form |                             | ns)        |  |
| Pride Pipeline Co.   | P. C   |                               |                | . O. Box 2436, Abilene, TX 79604 |  |                   |                             |            |  |
| Name of Authorized Transporter of Casin<br>OXY USA, Inc.   |  | or Dry Gas                    | P. O.          | Box 5025                         | 50, Mid                                      | copy of this form |                             | nt)<br>    |  |
| If well produces oil or liquids, give location of tanks.   | L 11   | L 11 8S 30E Yess -            |                |                                  |  | a ?<br>——         |                             |            |  |
| f this production is commingled with that V. COMPLETION DATA   | from any other lease or                              | pool, give commingl           | ling order num | ber:                             |  |                   |                             |            |  |
| Designate Type of Completion   | Oil Well   | Gas Well                      | New Well       | Workover                         | Deepen                                       | Plug Back   Sa    | ame Res'v                   | Diff Res'v |  |
| Date Spudded   | Date Compl. Ready to                                 | o Prod.                       | Total Depth    | L                                | 1  | P.B.T.D.          |                             |            |  |
| Elevations (DF, RKB, RT, GR, etc.)   | Name of Producing F                                  | Top Oil/Gas Pay               |                |                                  | Tubing Depth                                 |                   |                             |            |  |
| Perforations   |  |                               |                |                                  |  | Depth Casing Shoe |                             |            |  |
|  |  |                               |                |                                  |  |                   |                             |            |  |
| 11015 0175   | TUBING, CASING AND                                   |                               |                |                                  |  |                   |                             |            |  |
| HOLE SIZE  | CASING & TUBING SIZE                                 |                               | DEPTH SET      |                                  |  | SACKS CEMENT      |                             |            |  |
|  |  |                               |                |                                  |  |                   | ,                           |            |  |
|  |  |                               |                |                                  |  |                   |                             |            |  |
| TEST DATA AND DECLIE   | CT FOR ALLOW   | ADIE                          | <u> </u>       |                                  |  |                   |                             |            |  |
| V. TEST DATA AND REQUE<br>OIL WELL (Test must be after   | recovery of total volume                             |                               | he equal to or | exceed top all                   | owable for thi                               | s denth or he for | full 24 hour                | re 1       |  |
| Date First New Oil Run To Tank   | Date of Test   | oj ioda on and mass           |                | ethod (Flow, pu                  |  |                   | Jul. 24 7.00                | 3.)        |  |
| Longth of Total  |  | Cocio Bosson                  |                |                                  | Choke Size                                   |                   |                             |            |  |
| Length of Test   | Tubing Pressure                                      | Casing Pressure               |                |                                  | Choke Size                                   |                   |                             |            |  |
| Actual Prod. During Test   | Oil - Bbls.  | Water - Bbls.                 |                |                                  | Gas- MCF                                     |                   |                             |            |  |
| GAS WELL   |  |                               | <u> </u>       |                                  |  |                   |                             | ····       |  |
| Actual Prod. Test - MCF/D  | Length of Test                                       | Bbls. Condensate/MMCF         |                |                                  | Gravity of Condensate                        |                   |                             |            |  |
|  |  |                               |                |                                  |  |                   |                             |            |  |
| esting Method (pitot, back pr.)  | Tubing Pressure (Shu                                 | Casing Pressure (Shut-in)     |                |                                  | Choke Size                                   |                   |                             |            |  |
| VI. OPERATOR CERTIFIC  I hereby certify that the rules and regular Division have been complied with and is true and complete to the best of my | lations of the Oil Consert that the information give | rvation                       | Date           | OIL CON                          | USERVA                                       | ATION D           | IVISIC<br><b>1990</b>       | N .        |  |
| Mark a. o  | Dearhas  | <u> </u>                      | By_            |                                  | Drig. Si                                     | ened by           | 4. <del>-</del>             |            |  |
| Signature<br>Mark A. Degenhart   | Petrole  | um Engineer                   | 11 -           |                                  | Paul   | Kapta             |                             |            |  |

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

(505)

Printed Name

Date

2-12-90

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

Title

Geo!

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

Petroleum Engineer

Title

Telephone No.

398-6166

- 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.