Submit 5 Copies
Appropriate District Office
DISTRICT 1
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

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	REO				BLE AND		IZATION			
I.	, ,,,,				AND NA					
Operator								API No.		
Kelt Oil & Gas, Inc.										
Address		W. 00000								
P. O. Box 1493, Ross Reason(s) for Filing (Check proper box)	well, I	NM 88202								
New Well		G				er (Please expi	•	,		
Recompletion	Oil	Change in T	ranspor Dry Gas			mer Well				
Change in Operator	Casinghe		Condens			Fisch e r	Fed "B"	1 #1		
If change of operator give name and address of previous operator			Conociia		······································	·				,
II. DESCRIPTION OF WELL	AND LE	ASE					·			
Lease Name			Pool Na	me, Includi	ing Formation		Kind	of Lesse	I	ease No.
Cato San Andres Unit		173	Cat	o San	Andres		State	Federal or Fe	e	
Location										
Unit Letter H : 1980 Feet From The North Line and 660 Feet From The East Line						Line				
Section 32 Township	0.0									
Section 32 Township	0 50	outh 1	Range	30 Eas	st , N	мрм,			<u>Chaves</u>	County
III. DESIGNATION OF TRAN	בדת <i>ח</i> ם	ED OF OU	ABIT	NIA TITE	D 4 T C 4 C					
Name of Authorized Transporter of Oil		or Condens		NATU		e address to w	hich approve	Laamu of this i	innu in en ha a	
Pride Pipeline Co.	X		L			Box 2436				eni)
Name of Authorized Transporter of Casing	head Gas		or Dry C	las 🗍	Address (Giv	e address to w	hich approved	com of this t	79004	ent)
OXY USA, Inc.			•	_	P. O.	Box 502	50, Mic	lland. T	X 79710	
If well produces oil or liquids, give location of tanks.	Unit	Sec. 7	Гwp.	Rge.	. Is gas actually connected? When?					
If this production is commingled with that i	rom any ot	her lease or po	ol, give	commingl						
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 Com	pl. Ready to F	rod.		Total Depth	L	1	P.B.T.D.	1	
	,						1.B.1.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth			
Perforations				· · · · · · · · · · · · · · · · · · ·		Depth Casin	s Shoo			
								Depui Casin	ig Snoe	
	,	rubing, c	CASIN	G AND	CEMENTI	NG RECOR	D.	'		
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT			
								-		
										
V. TEST DATA AND REQUES	TEOR	ALLOWAL	RIF		<u> </u>			<u>:</u>		
				land	he equal to	avasad 4s= -11	amakia ka si	. 4	C. (64)	,
Date First New Oil Run To Tank	Date of Test			be equal to or exceed top allowable for this depth or be for full 24 hours.) Producing Method (Flow pump one life etc.)						
	Date of 162			Producing Method (Flow, pump, gas lift, etc.)						

Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pur	d (Flow, pump, gas lift, etc.)		
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	Bbis. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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

mark a. Dearnho	aT
Signature Mark A. Degenhart	Petroleum Engineer
Printed Name 2-12-90	Title (505) 398–6166
Date	Telephone No.

OIL CONSERVATION DIVISION MAR 08 1990 Date Approved

Orig. Signed by
Paul Keutz
Geologist Title_

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

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