STATE OF NEW MEXICO	NT					Form C-104 Revised 10-0	1-78
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FILE		P. O. BO					
U.8.0.4,		SANTA FE, NEW	MEXICO 87501				
LAND OFFICE							
TRANSPORTER GAS		REQUEST FOR	ALLOWABLE	2			
OPERATOR			۷D	<i></i>			
PRORATION OFFICE	AUTHOR	ZIZATION TO TRANSP	ORT OIL AND NATI	URAL GAS			
)perstat							
KELT OIL & GAS, I	NC.						
(ddress							
P.O. Box 1493, Rosw	rell, New M	exico 88201				_	
Reason(s) for filing (Check proper bo	) )		Other (Plea	se explain)			
New Well	Chonge 1	n Transporter of:					
New Well			y Gas Eabra	omr 2 1	000		
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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 Leen complied with and that the information given is the and complete to the best of my knowledge and belief.
Stanaiws)
Christian Deleris - President
(Title)
January 29, 1988
(Date)

C PPROVED.	MAR 3 1988
Y	ORIGINAL SIGNED DV TENEN SENTON
	DISTRICT I SUPERVISOR

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TITLE .

A B

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 deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for showable on new and recompleted wells.

Fill out only Sections 1, 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 multiply completed wells.

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## IV. COMPLETION DATA

Designate Type of Completi	on – (X)	Oii Well	Gos Well	New Well	Workover	Deepen	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.)	Name of Producing Formation Top Oil/Gas Pay			Tubing Depih					
Perforations	_l			-I			Depth Casi	ng Shoe	
		TUBING,	CASING, AN	DCEMENTI	NG RECOR	D			
HOLE SIZE	CASI	NG & TUBI	NG SIZE		DEPTH SE	т	5/	ACKS CEMEN	17
		<u> </u>							
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## V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow-OIL WELL able for this depth or be for full 24 hours)

Date of Test	Producing Method (Flow, pump, gas lift, etc.)		
Tubing Prossure	Casing Pressure	Choke Size	
Oil-Bbls.	Water - Bbla.	Gas + MCF	
	Tubing Prossure	Tubing Prossure Casing Pressure	Tubing Procesure Casing Presewe Choke Size

## GAS WELL

AS WELL					
Actual Prod. Test-MCF/D	Longin of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
Testing Method (pitol, back pr.)	Tubing Presews (Shat-in)	Cosing Pressure (Shut-12)	Choke Size		
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