Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico En , 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 Kio Brazos Rd., Aztec, NM 87410											
ī						AUTHORIZ					
Operator	TO TRANSPORT OIL AND					Well API No.					
Kelt Oil & Gas, Inc.							11011 2 11 101				
Address											
P. O. Box 1493, Ros	well, N	M 882	02						 		
Reason(s) for Filing (Check proper box)					X Oth	er (Please expla	in)				
New Well		Change in		_	For	mer Well	Name:				
Recompletion	Oil		Dry (_	A	amco Fed	#8 HFP				
Change in Operator	Casinghead	Gas 📙	Cond	ensate						· · · · · · · · · · · · · · · · · · ·	
if change of operator give name and address of previous operator						_					
II. DESCRIPTION OF WELL	AND LEA	SE									
Lease Name	Well No. Pool Name, Inclu				- I - /			(Lease)	Lease No.		
Cato San Andres Unit		181	Ca	ato San	Andres		State	Federal or Fe	¢		
V	. 660)			C l	(()					
Unit LetterM	.:		Feet	From The	South Lin	e and <u>660</u>	Fe	et From The.	West	Line	
Section 33 Township 8 South Range 30 East NMPM. Chaves Cou									County		
III DESIGNATION OF TO AN	CD CD CO						ブジ				
III. DESIGNATION OF TRAN		or Conden		ND NATU	RAL GAS		/ //			-1	
· · · · · · · · · · · · · · · · · · ·	Address (Give address to which approved copy of this form is to be sent)										
Name of Authorized Transporter of Casing	Address (Give address to which approved copy of this form is to be sent)										
If well produces oil or liquids,	Unit	Sec.	Twp. Rge.		Is gas actuall		177	When ?			
give location of tanks.	<u>i i</u>		1			-	When	1			
If this production is commingled with that f IV. COMPLETION DATA	rom any othe	er lease or	pool, g	give comming!	ing order num	ber:					
Designate Type of Completion -	~	Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded		l Paradassia	ᆜ		1	<u>L</u>			<u> </u>	<u> </u>	
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	Top Oil/Gas Pay Tubing Depth					
Perforations					<u> </u>			Depth Casing Shoe			
								Depti Casii	ig Siloc		
	CEMENTING RECORD										
HOLE SIZE CASING & TUBING SIZE									SACKS CEME	ENT	
- <u> </u>									· · · · · · · · · · · · · · · · · · ·		
								-			
V TECT DATE AND DECISION								<u> </u>			
V. TEST DATA AND REQUES OIL WELL (Test must be after re					he equal to or	exceed to allo	ahla fan shir		6 6 11 34 I .		
Date First Name Oil D						ethod (Flow, pu	mp, gas lift, e	ic.)	ог јш і 24 кош	3.)	
I d cm						,		•			
Length of Test	Tubing Pres	Tubing Pressure				ire	1 22.	Choke Size			
Actual Prod. During Test	Oil - Bbls.				Weight			0		···.	
				Water - Bbls.			Gas- MCF				
GAS WELL					1		·	L			
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of C	Gravity of Condensate		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)						
puor, ouck pr.)								Choke Size			
VI. OPERATOR CERTIFIC	ATE OF	COL	Y Y 4	NOT	 			<u> </u>			
VI. OPERATOR CERTIFICATE OF COMPLIANCE						DIL CON	SEDV	ATION!	רו/יוכיכ	\	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					11	JIL OON	OET VA	NOU	מומומוח	4N	
is true and complete to the best of my knowledge and belief.					n	A	, ŝâ	AD AR	1990		
man a Decembert					Date Approved <u>MAR 08 1990</u>						
$=\underline{y}I$ $\forall y^{*}VI$ (ZI, ZX, ZY, VY)	HANNI KENI	,			11						

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

(505)

Signature Mark

Printed Name

Degenhart

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

By_

Title.

Orig. Signed by

Paul Leutz

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

Petroleum Engineer

Title

Telephone No.

<u>398–6166</u>

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.