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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, Antesia, 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

•		IUINA	IIIOL	UNIU	IL AND NA	TUNAL GA	10				
Operator Kelt Oil & Gas, Inc.							Well A	PI No.			
Address								· · · · · · · · · · · · · · · · · · ·			
P. O. Box 1493, Rosw	/ell, N	M 8820	2		- TO - C:	(D)					
Reason(s) for Filing (Check proper box) New Well		Change in	Trans	norter of:		er (Please expla					
Recompletion	Oil		Dry C			mer Well Conley Fe					
Change in Operator		d Gas	-		(	somey re	eu πı				
change of operator give name											
nd address of previous operator	ANDIE	AST									
I. DESCRIPTION OF WELL AND LEASE Lease Name Well No.   Pool Name, Included Name   Well No.   Pool Name   Pool Name					ding Formation			Kind of Lease		ase No.	
Cato San Andres Unit 162 Cato S				ato Sar	Andres		State,	State, Federal or Fee			
Location					G 1	((0			ъ.		
Unit LetterI	<u> : 1980</u>	)	Feet :	From The _	South Lin	e and	Fe	et From The	Last	Line	
Section 28 Township	8 So	uth	Rano	e 30 Ea	ast N	мрм.		Į.	Chaves	County	
									<u> </u>		
II. DESIGNATION OF TRAN  Name of Authorized Transporter of Oil		or Conden		ND NAT	Address (Giv	e address to wh	nich approved	copy of this fo	orm is to be se	nt)	
Pride Pipeline Co.	X	o. Condei			1	Box 2436				,	
Name of Authorized Transporter of Casinghead Gas X or Dry Gas OXY USA, Inc.					Address (Giv	Address (Give address to which approved copy of this form is to be sent) P. O. Box 50250, Midland, TX 79710					
If well produces oil or liquids,	Unit S∞.		Twp. Rge.		e. Is gas actuall				N 77710		
ive location of tanks.	D	28	<u>8</u> 8				<u>i</u>				
this production is commingled with that i	from any oth	ner lease or	pool, g	give commi	ngling order num	ber:		··· <del>······</del>			
V. COMPLETION DATA		Oil Well	, ,	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	- (X)	On wen	. 1	Gas Well	New Well		Deepen	Hug back	Same Res v		
Date Spudded	Date Com	pl. Ready to	y to Prod.		Total Depth	Total Depth		P.B.T.D.		- <del>1</del>	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas	Top Oil/Gas Pay			Tubing Depth		
Perforations								Depth Casin	ig Shoe		
		TUBING.	. CAS	SING AN	D CEMENTI	NG RECOR	D.				
HOLE SIZE	CASING & TUBING SIZE					DEPTH SET			SACKS CEMENT		
								ļ			
		********						ļ		<del></del>	
	<del> </del>										
V. TEST DATA AND REQUES	ST FOR	ALLOW	ABL	E		<u></u>					
OIL WELL (Test must be after r	ecovery of t	otal volume	of loa	id oil and m					for full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Te	est			Producing M	lethod (Flow, p	ump, gas lifi,	eic.)			
Length of Test	Tubing Pressure				Casing Press	ure		Choke Size	Choke Size		
Length of Tex	Tubing Fressure				<b>-</b>						
Actual Prod. During Test	Oil - Bbls.					S		Gas- MCF			
GAS WELL									<u>-</u>		
Actual Prod. Test - MCF/D	Length of Test				Bbls. Conde	Bbls. Condensate/MMCF			Gravity of Condensate		
Tubing Pressure (Shut-in)					Casing Press	Casing Pressure (Shut-in)			Choke Size		
VI. OPERATOR CERTIFIC	ATE O	F COM	PLIA	NCE							
I hereby certify that the rules and regul							ΛSEΗŢ	MAIN	134 A 161	NC	
Division have been complied with and			ven ab	ove				MIN WU	11 / VI VI		
is true and complete to the best of my	Tuomicage :	and bener.	,	•	Date	e Approve	ed	3.1 hy			
Manh (1 a	1000	enha	nt			ų.		3.77			
Signature	- Jys	y vvv	<u>~</u>		By_		Ti-	- 4			
Mark A. Degenhart Printed Name	F	<u>etrole</u>	um <u>uus</u> Tide	<u>Engine</u>	11		96 °				
2-12-90	(	(505) 3	-	: 6166	Title	·	· · · · · · · · · · · · · · · · · · ·				
Date		<del></del>	lephon		-						

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.