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. Address P. O. Box 1493, Roswell, NM 88202 Reason(s) for Filing (Check proper box) Other (Please explain) New Well Change in Transporter of Former Well Name: Recompletion Oil Dry Gas Woodman Fed #3 Change in Operator Casinghead Gas Condensate If change of operator give name and address of previous operator II. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including Formation Kind of Lease Lease No. Cato San Andres Unit State Federal of Fee 155 Cato San Andres Location 1980 Feet From The North Line and 660 Unit Letter _ Feet From The <u>East</u> 29 Township 8 South Range 30 East , NMPM. Chaves County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent) X Γ Pride Pipeline Co. P. O. Box 2436, Abilene, TX 79604 Name of Authorized Transporter of Casinghead Gas \square or Dry Gas [Address (Give address to which approved copy of this form is to be sent) OXY USA, Inc. P. O. Box 50250. Midland, TX 79710 If well produces oil or liquids, give location of tanks. Rge. 30E Unit Sec. Twp. Is gas actually connected? When? D 28 18S Yes 8/13/68 If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well Gas Well New Well | Workover Deepen | Plug Back | Same Res'v Diff Res'v Designate Type of Completion - (X) Total Depth Date Spudded Date Compl. Ready to Prod. P.B.T.D. Elevations (DF, RKB, RT, GR, etc.) Top Oil/Gas Pay Name of Producing Formation Tubing Depth Perforations Depth Casing Shoe TUBING, CASING AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE SACKS CEMENT **DEPTH SET** V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.) Date First New Oil Run To Tank Date of Test Producing Method (Flow, pump, gas lift, etc.) Length of Test Tubing Pressure Casing Pressure Choke Size Actual Prod. During Test Gas- MCF Water - Bbls. Oil - Bbls. **GAS WELL** Actual Prod. Test - MCF/D Length of Test Bbls. 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 OIL CONSERVATION DIVISION 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. Date Approved ____ tegenta

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

Signature Mark

Date

Printed Name

2-12-90

Degenhart

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

By _

Title_

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

Petroleum

3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.

Engineer

Title

Telephone No

398-6166

4) Separate Form C-104 must be filed for each pool in multiply completed wells.