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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, Artesia, NM 88210

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

I.					BLE AND L AND NA			٧			
Operator KELT OIL & GAS, INC.								Well API No. 30-005-20186			
Address P. O. BOX 1493, ROS	WELL, NM	8820	)2			16.18.4					
Reason(s) for Filing (Check proper box)  New Well  Recompletion  Change in Operator	C Oil Casinghead (	hange in	Dry Ga	s 🗀	_	er ( <i>Please expl</i> O TRIDEN	,	GNMENT E	FFECTIVE	E 8/30/91	
If change of operator give name and address of previous operator			<del></del>		·-·	· · · · · · · · · · · · · · · · · · ·					
II. DESCRIPTION OF WELL AND LEASE  Lease Name  Well No. Pool Name, Inch.					ing Formation		Kir	nd of Lease	of Lease No.		
CATO SAN ANDRES UNIT	JNIT   185   CATO S.			ATO SA	N ANDRES State,			te Federal or Fe	Federal or Fee		
Unit Letter G	:1980		Feet Fro	om The	NORTH Line	e and <u>198</u> 1	0	Feet From The	EAST	Line	
Section 4 Township	9 SOUT	H	Range	30 EAS	ST , N	мрм,		CH.	AVES	County	
III. DESIGNATION OF TRANS Name of Authorized Transporter of Oil		OF OI		NATU	RAL GAS						
PRIDE PIPELINE CO.						BOX 243			copy of this form is 10 be sens) LENE, TX 79604		
Name of Authorized Transporter of Casinghead Gas X or Dry Gas TRIDENT NGL, INC.					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, give location of tanks.	Unit Se	ε.   	Twp.	Rge.	Is gas actually	connected?	Wh	en ?	?		
If this production is commingled with that fi IV. COMPLETION DATA	om any other i	ease or p	ool, give	comming	ing order numb	per:					
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 Compl. Ready to Prod.			Total Depth			P.B.T.D.	<del>*</del>			
Elevations (DF, RKB, RT, GR, etc.)  Name of Producing Formation					Top Oil/Gas Pay			Tubing Dep	Tubing Depth		
Perforations					<u></u>			Depth Casin	Depth Casing Shoe		
	TUBING, CASING AND						D				
HOLE SIZE	CASING & TUBING SIZE					DEPTH SET		5	SACKS CEMENT		
									·		
V. TEST DATA AND REQUEST OIL WELL (Test must be after red				and must	be equal to or e	exceed top allo	wable for th	his depth or be f	or full 24 hou	vs.)	
	Date of Test				Producing Met				· · · · · · · · · · · · · · · · · · ·		
Length of Test	Tubing Pressure				Casing Pressur	e		Choke Size	Choke Size		
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF	Gas- MCF		
GAS WELL											
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)			Choke Size	Choke Size		
VI. OPERATOR CERTIFICA  I hereby certify that the rules and regulati  Division have been complied with and the is true and complete to the best of my kno	ons of the Oil (	Conserva	tion	CE				'ATION [		)N	
Mark a. Degenhant					By ARRIVE WAR TO A CONTROL OF THE CO						
MARK A. DEGENHART  Printed Name  OCTOBER 16, 1991  Date	PETROL (505)	т 398-	itle .	EER							

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.