#### STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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DISTRIBUT	ON .		Γ
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FILE			
U.8.0.4.			
LAND OFFICE			
TRANSPORTER	OIL		
	6 46		
OPERATOR			
PROBATION OFF	HCE		

I.

## OIL CONSERVATION DIVISION P. O. BOX 2088 SANTA FE, NEW MEXICO 87501

Form C-104 Revised 10-01-78 Format 06-01-83 Page 1

### REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operater							
	_						
KELT OIL & GAS, IN	<u>C.</u>						
Address	11 Mars N	larrian 80001					
P.O. Box 1493, Roswe	· · · · · · · · · · · · · · · · · · ·	1ex1co 88201					
Reason(s) for filing (Check proper box)				Other (Plea	se explain)		
New Well	<u> </u>	n Transporter of:					
Recompletion	N Cal	Ч	ry Gas	Febr	uary 2, 1988		
X Change in Ownership		inghead Ges C	ondensate				
If change of ownership give name and address of previous owner	Apollo E	Energy, Inc., P.O.	. Box 80	97, Rost	well, New Mexico	88201	
II. DESCRIPTION OF WELL ANI							
Lease Name		Pool Name, Including F	ormation		Kind of Lease		Lease No.
Winkler Federal	, ] 11	<u>Cato</u> San A	ndres .		State, Federal or Fee	Fed.	
Unit Letter F 198	30Feet Fro	m The North Lin	e and	1980	Feet From The	West	
Line of Section 32. Tow	nship 85	Range	30E _	, NMP	. Chaves		County
III. DESIGNATION OF TRANSP	ORTER OF	OIL AND NATURAL					
Name of Authorized Transporter of Oil	Xi or C	ondensate	Address (	Give address	to which approved copy o	f this form is to	o be sens)
Pride Pipeline Corpora	ation		P.O.	Box 323	7, Abilene, Texas	79604	
Name of Authorized Transporter of Cast	nghead Gas (X	or Dry Gos	Address (	Give address	to which approved copy o	f this form is to	be sensj
Oxy Cities Service N(	L, Inc.		P.O.	Box 490	6, Midland, Texas	79702	
If well produces oil or liquids,	Unit Sec	Twp. Rge.		ually connec			
give location of tanks.	M 2	8 8S 30E	<u>Y</u> e	s	<u>ا</u>	8/17/68	
If this production is commingled with	that from an	y other lease or pool,	give comm	ingling orde	r number:		
NOTE: Complete Parts IV and V	on reverse s	ide if necessary.					
VI. CERTIFICATE OF COMPLIAN	ICE			OIL C	ONSERVATION DI	VISION	

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief. (Signature) Christian Deleris - President (Title) January 29, 1988 (Date)

	L CONSERVATION DIVISION
APPROVED_	<u></u> , 19
BY.	ORIGINAL SIGNED BY JERTY SEVEN
	DISTRICT I SUPERVISOR

TITLE \_\_\_\_

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 allowable on new and recompleted wells.

Fill out only Sections I. 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 Completion	on = (X)	Oil Well	Gas Well	New Well	Workover F	i Deepen i	Plug Back I I	i Same Restv. i	Diff. Res'v.
Date Spudded	Date Compl	Ready to P		Total Dept	h	- 4	P.B.T.D.	<u> </u>	<b> </b>
Elevations (DF, RKB, RT, GR, etc.)	Name of Pro	ducing Form	nation	Top Oil/Ge	as Pay	<del></del>	Tubing Dep	th	
Perforations	1			- <b>L</b>		<u>,</u>	Depth Casi	ng Shoe	
		TUBING,	CASING, AN	DCEMENT	NG RECOR	D			
HOLE SIZE	CASIN	IG & TUBI	NG SIZE		DEPTH SE	т	5/	ACKS CEME	11
	<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 ar exceed top allow-OIL WELL able for this depth or be for full 24 houre)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pu	Producing Method (Flow, pump, gas lift, etc.)		
Longth of Test	Tubing Pressure	Casing Pressure	Choke Size		
Actual Prod. During Test	Oil-Bbis.	Water - Bbls.	Gas+MCF		

#### GAS WELL

Actual Prod. TesteMCF/D	Length of Test	Bble. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-18)	Casing Pressure (Shut-in)	Choke Size
4			