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 AUTHORIZATI	ON
TO TRANSPORT OIL AND NATURAL GAS	

Operator							Well A	API No.			
Kelt Oil & Gas, Inc.											
Address										· · · · · · · · · · · · · · · · · · ·	
P. O. Box 1493, Rosy	ve11, N	M 8820	2								
Reason(s) for Filing (Check proper box)					مت	er (Please expla	•				
New Well	Change in Transporter of: Former Well Name:										
Recompletion \Box	Oil Dry Gas Casinghead Gas Condensate				Thelma Crosby #1						
Change in Operator	Casingnea	a Gas	Conde	nsate							
and address of previous operator			_								
II. DESCRIPTION OF WELL	AND LEA		1=				1				
Lease Name						-			Kind of Lease State, Federal or Fee		
Cato San Andres Unit		197	Ca	to San	Andres		J,				
Location I	. 1980)			South	and 660			East		
Unit Letter	_ :		Feet F	rom The	Line	and	Fe	et From The _	Last	Line	
Section 5 Township	9 So	uth	Rance	30 Eas	st . N	мрм,		(Chaves	County	
Booked Toward					<u>, ,, , ,</u>	,			3.14.4.00		
III. DESIGNATION OF TRAN	SPORTE	R OF O	IL AN	D NATU	RAL GAS						
Name of Authorized Transporter of Oil	ΓX	or Conder	sate		Address (Giv	e address to wh	iich approved	copy of this fo	rm is 10 be se	nt)	
Pride Pipeline Co.						Box 2436					
Name of Authorized Transporter of Casing	ghead Gas	\square	or Dry	Gas		e address to wh				nt)	
OXY USA, Inc.	1				P. O. Box 50250, Mid						
If well produces oil or liquids, give location of tanks.	Unit	Sec. 5	Twp. 1 9S	Rge. 30E	Is gas actuall	y connected? Yes	When	? 3/1/77			
If this production is commingled with that	<u> </u>							3/1/1/			
IV. COMPLETION DATA	nom any our	ier rease or	poor, gr	ve comming	ing order num	Æ1.					
		Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	- (X)	j	i		İ .	İ				i	
Date Spudded	Date Comp	pl. Ready to	Prod.		Total Depth	· · · · · · · · · · · · · · · · · · ·	I	P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
	<u> </u>										
Perforations								Depth Casing	g Shoe		
								ļ			
	1				CEMENTI	NG RECOR	D				
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE				ļ	DEPTH SET		SACKS CEMENT			
	 							 			
	 										
	+				<u> </u>						
V. TEST DATA AND REQUES	T FOR A	LLOW	ABLE		I.,			<u> </u>			
OIL WELL (Test must be after r					be equal to or	exceed top allo	wable for thi	s depth or be f	or full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Te	st			Producing M	thod (Flow, pu	ımp, gas lift, i	elc.)	· · · · · · · · · · · · · · · · · · ·		
Length of Test	Tubing Pre	essure			Casing Press	ire		Choke Size			
					 	····		Co. MCC			
Actual Prod. During Test	Actual Prod. During Test Oil - Bbls.				Water - Bbls.			Gas- MCF			
	<u> </u>				<u> </u>			<u></u>			
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			
					ļ						
VI. OPERATOR CERTIFIC	ATE OF	COME	PLIA	NCE		NI 001	ICEDV	ATIONI	211/1010	. K. I	
I hereby certify that the rules and regul						DIL COV	19EH V				
Division have been complied with and is true and complete to the best of my l			en abov	re					0816	<u> </u>	
as the same complete to the cost of my i	mo#verêe π	da bener.	,		Date	Approve	d	\$8, 10 s		is V	
Mark (1 2	7 pro-	hut	•			•		. 31			
Signature					By Orig. Signed by Paul Kontz						
Mark A. Degenhart	P	etrole	um E	ngineer			Paul	ologis t			
Printed Name			Title	•	Title		Get	7*AD*41			
2-12-90	(<u>98-6</u>								
Date		Tele	ephone l	No.	П						

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.