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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 OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

Operator  VELT OTT 8 CAS TMC							i i	API No.	200110		
KELT OIL & GAS, INC.								30-005-2	20243		
	WELL, 1	NM 8820	)2								
Reason(s) for Filing (Check proper box)  New Well					Oth	ner (Please exp	lain)				
Recompletion	Oil	Change in	Transp Dry C	_							
Change in Operator		ad Gas 🔯			(OXY T	O TRIDEN	NT ASSIG	NMENT EI	FFECTIVE	8/30/91)	
If change of operator give name and address of previous operator						-					
II. DESCRIPTION OF WELL	AND LE	ASE									
Lease Name CATO SAN ANDRES UNIT		Well No.	Pool 1	Name, Includ	ling Formation			of Lease		ease No.	
Location		184		JAIO SA	NANDRES		State	Federation Fe	e		
Unit LetterD	: <u>66</u> 0		Feet I	rom The	NORTH Lin	e and <u>560</u>	F	eet From The	WEST	Line	
Section 3 Townshi	p 9 SOI	JTH	Range	30 EA	ST , N	мрм,		CH A	AVES	County	
III. DESIGNATION OF TRAN				ND NATU	RAL GAS						
Name of Authorized Transporter of Oil PRIDE PIPELINE CO.	X	or Conden	sale						form is to be se	int)	
Name of Authorized Transporter of Casing TRIDENT NGL, INC.	ghead Gas	X	or Dry	Gas	P. O. BOX 2436, ABILENE, TX 79604  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.	If well produces oil or liquids, Unit							?	.x /9/10		
f this production is commingled with that	from any oth	er lease or p	pool, gi	ive comming	ling order num	ber:					
IV. COMPLETION DATA		Oil Well		Gas Well	New Well	Workover		I D D	la D.	biss n	
Designate Type of Completion	- (X)	i wen	i	Cas Well	I New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Comp	ol. Ready to	Prod.		Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Pr	roducing Fo	mation	1	Top Oil/Gas 1	Pay	7,00	Tubing Depth			
Perforations	I				l			Depth Casin	Depth Casing Shoe		
	Т	UBING,	CASI	NG AND	CEMENTI	NG RECOR	.D	1			
HOLE SIZE		CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT			
								1			
								<del> </del>			
. TEST DATA AND REQUES	T FOR A	HOWA	DIE								
OIL WELL (Test must be after re					be equal to or	exceed top allo	owable for thi	s depth or be j	for full 24 hour	·s.)	
Date First New Oil Run To Tank	Date of Tes		<del>-</del>			thod (Flow, pi					
gth of Test Tubing Pressure					Casing Pressu	re		Choke Size			
ctual Prod. During Test Oil - Bbls.					Water - Bbls.			Gas- MCF			
GAS WELL											
Actual Prod. Test - MCF/D	Length of T	est			Bbis. Condens	sate/MMCF	······································	Gravity of C	Condensate	!	
esting Method (pitot, back pr.)	Method (pilot, back pr.)  Tubing Pressure (Shut-in)				Casing Pressu	re (Shut-in)		Choke Size			
I. OPERATOR CERTIFICA	ATE OF	COMPI	LIAN	NCE							
I hereby certify that the rules and regula Division have been complied with and the	tions of the (	Oil Conserve	ation	_		DIL CON	ISERV	I NOITA	OISIVIC	N	
is true and complete to the best of my k	nowledge and	d belief.			Date	Approve	d				
Mark O. Degen	hart	<u> </u>			By	ORIGINA	L SKGNED	BY JOHAN.	TIMON		
MARK A. DEGENHART Printed Name	PETR	OLEUM		NEER		D		UPERVISO			
OCTOBER 16, 1991 Date	(50	5) 398-	Title -616 hone N		Title			· · · · · · · · · · · · · · · · · · ·			
		1 CICD		₩.							

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.