## 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., Azzec, NM 87410

I.

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.		TO TRAN	ISPORT O	IL AND NA	TURAL G	AS				
Operator Kelt Oil & Gas, Inc		Well			API No.					
Address										_
P. O. Box 1493, Ro	swell, N	M 88202							•	
New Well	Change in Transporter of: Former Well Name:									_
Recompletion	Oil		ry Gas		mer well Cato Fed					
Change in Operator	Casinghea	d Gas 🔲 C	ondensate		cato <b>v</b> red	#4				
If change of operator give name and address of previous operator										_
II. DESCRIPTION OF WELL	L AND LEA	ASE								-
Lease Name Well No. Pool Name							ind of Lease No.			-
Location	<u> </u>	114	Cato San	Andres State			Federal or Fee			
Unit Letter P	:660	<u> </u>	eet From The _	South Lin	e and 660	F	eet From The	East	Line	
Section 14 Towns	hip 8 So		ange 30 Ea		МРМ,	···········		Chaves	County	
III. DESIGNATION OF TRA	NSPORTE	R OF OIL	AND NATI	TRAL GAS						
reame of Authorized Transporter of Oil	Address (Give address to which approved copy of this form is to be sent)									
Pride Pipeline Co.	P. O. Box 2436, Abilene, TX 79604									
Name of Authorized Transporter of Casinghead Gas X or Dry Gas OXY USA, 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     G		wp. Rge	. Is gas actuali	y connected?	When				-
If this production is commingled with tha		10	8S   30E	rling order numb	Yes					_
IV. COMPLETION DATA			n, give continuit	ging order num	оег.	<del></del>				
Designate Type of Completion	ı - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	_
Date Spudded	Date Compl	Date Compl. Ready to Prod.			Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Pro	oducing Form	ation	Top Oil/Gas I	Top Oil/Gas Pay					
Perforations							Tubing Depth			
				Depth Casin	g Shoe					
TUBING, CASING				CEMENTIN	NG RECOR	D				
HOLE SIZE	CAS	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT		
							<del> </del>			4
							<del>                                     </del>			-
V. TEST DATA AND REQUE	ST FOR AT	LLOWAR	I E							
OIL WELL (Test must be after				t be equal to or	exceed top allo	wahle for this	denth or he f	or 6.11.24 have	\	
Date First New Oil Run To Tank	be equal to or exceed top allowable for this depth or be for full 24 hours.)  Producing Method (Flow, pump, gas lift, etc.)									
Length of Test	Tubing Press		<u>-</u>	Cosino D						
Tubing Fressire				Casing Pressur	re		Choke Size			
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.	Water - Bbls.			Gas- MCF		
GAS WELL		·								J
Actual Prod. Test - MCF/D	Length of Te	est		Bbls. Condens	ate/MMCF		Gravity of Co	ondensate		7
esting Method (pitot, back pr.)	T. C.									
				Casing Pressur	Casing Pressure (Shut-in)			Choke Size		
I. OPERATOR CERTIFIC	ATE OF	COMPLL	ANCE			0==:				J
I hereby certify that the rules and regul Division have been complied with and	OIL CONSERVATION DIVISION									
is true and complete to the best of my	Date	^ nnray ca	ı	MAR	MAR 0 8 1990					
Mash a	Date	Approved				-				
Signature	By	By Orig. Signed by. Paul Kautz								
Mark A. Degenhart Petroleum Engineer Printed Name Title				Paul Kautz Geologist						
2-12-90	Title									
Date		)5) 398– Telephon								

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.