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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, Antesia, 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 AUTHORIZATION

1.			イコノンコ		- AND NA	TURALGA	45				
Operator KELT OIL & GAS, INC.							Well API No. 30-005-20305				
Address											
	WELL, 1	VM 8820)2								
Reason(s) for Filing (Check proper box) New Well		~ ·	_		Oth	er (Please expl	ain)				
	0.1	Change in									
Recompletion Change in Operator	Oil Casinghea	id Gas 🔯	Dry ((OXY T	O TRIDEN	T ASSIG	NMENT EF	FECTIVE	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 Name, Incl. CATO S.					ing Formation N ANDRES		Kind of Lease No. State, Federal or Fee				
Location	: 660	•				* ***			- <u> </u>		
Unit Letter	IORTH Lin	e and <u>660</u>	Fe	eet From The WEST Line							
Section 5 Townshi	p 9 SOI	JTH	Rang	ge 30 EAS	ST , N	мрм,	······································	СНА	VES	County	
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil				ND NATU						. ,, ,	
Name of Authorized Transporter of Oil X or Condensate PRIDE PIPELINE CO.						Address (Give address to which approved copy of this form is to be sent) P. O. BOX 2436, ABILENE, 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	Sec.	Twp.	Rge.	Is gas actuall		When				
If this production is commingled with that IV. COMPLETION DATA	from any oth	er lease or	pool, g	give comming	ing order num	ber:					
Designate Type of Completion	- (X)	Oil Well		Gas 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.			
Elevations (DF, RKB, RT, GR, etc.)	DF, RKB, RT, GR, etc.) Name of Producing Formation					Pay		Tubing Depth			
Perforations								Depth Casing Shoe			
NAA-t		TIDDIC	<u> </u>	TOTAL AND	CTC) (TC) (TT)	IG PEGOD					
11015 0175	TUBING, CASING AND CASING & TUBING SIZE				CEMENTI		D	<u> </u>	1010 0511		
HOLE SIZE					DEPTH SET			SACKS CEMENT			
	<u> </u>					· · · · · · · · · · · · · · · · · · ·					
V. TEST DATA AND REQUES	T FOR A	LLOWA	RLI	7		· · · · · · · · · · · · · · · · · · ·					
-					be equal to or	exceed top allo	wable for this	depth or be 1	or full 24 how	·s.)	
OIL WELL (Test must be after recovery of total volume of load oil and must Date First New Oil Run To Tank Date of Test						Producing Method (Flow, pump, gas lift, etc.)					
Length of Test	Tubing Pressure				Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF			
GAS WELL		~ ~~					······································	<u></u>		!	
Actual Prod. Test - MCF/D	Length of	l'est			Bbls. Conden	sate/MMCF		Gravity of C	ondensate	!	
ng Method (pitot, back pr.) Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFIC	ATE OF	COMP	LIA	NCE		W 001	000			. N. 1	
I hereby certify that the rules and regula Division have been complied with and t	hat the infor	mation give		ve		DIL CON	SEKVA	A HON I	UISIVIC. Popos	'IN	
is true and complete to the best of my knowledge and belief.					Date	Approved	t				
Mark a. Segenhant					By ORIGINAL SEGMED BY STREET STREET						
MARK A. DEGENHART PETROLEUM ENGINEER Printed Name								hidili a . St			
OCTOBER 16, 1991	(50)5) 398 Teler			litle		*************************************		 		

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.