Submit 5 Copies
Appropriate District Office
DISTRICT 1
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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I. TO TRANSPORT OIL AND NATURAL GAS											
Operator Kelt Oil & Gas, Inc.		Well API No.									
Address P. O. Box 1493, Roswell, NM 88202											
Reason(s) for Filing (Check proper box) Other (Please explain)											
New Well Change in Transporter of: Former Well Name:											
Recompletion	Oil Dry Gas					Thelma Crosby "B" #2					
Change in Operator											
If change of operator give name and address of previous operator											
II. DESCRIPTION OF WELL A	AND TEA	CE.									
Lease Name	ng Formation Kind o			of Lease No.							
Cato San Andres Unit	Well No. Pool Name, Including 182 Cato San				ا م			Federal of Fee			
Location											
Unit Letter D : 660 Feet From The North Line and 660 Feet From The West Line											
Section 5 Township 9 South Range 30 East , NMPM, Chaves County											
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS											
Name of Authorized Transporter of Oil or Condensate 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						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,	Unit :	Sec.	Twp. Rge.					When?			
give location of tanks.	Ĩij	5	Twp. 9S	30E		Yes		3/1/77		İ	
If this production is commingled with that f	rom any othe	r lease or p	pool, giv	e commingl	ing order num	ber:					
IV. COMPLETION DATA											
Designate Type of Completion -	· (X)	Oil Well	0	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.				
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas	Top Oil/Gas Pay			Tubing Depth		
								Tuoing Dept	Lucius Dopu.		
Perforations Depth Casing Shoe											
TUBING, CASING AND						NG RECOR	<u>D</u>				
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE					DEPTH SET		SACKS CEMENT			
								 	· · · · · · · · · · · · · · · · · · ·		
								+			
								1			
V. TEST DATA AND REQUES	T FOR A	LLOWA	ABLE		I, <u></u> .				· · · · · · · · · · · · · · · · · · ·		
OIL WELL (Test must be after re	covery of tou	al volume	of load o	oil and must					or full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Test				Producing Me	ethod (Flow, pu	mp, gas lift, e	etc.)			
Length of Test	Tubing Pressure				Casing Press	Ine .	•	Choke Size			
Dougar of Tox	Tuoing Pressure				Cashing Freedom			Citation Citati			
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF	Gas- MCF		
GAS WELL											
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of C	Gravity of Condensate		
	7.5				(6)			0.1.0	Chake Siza		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size	Cloke Size		
VI. OPERATOR CERTIFICA	ATE OF	COMP	LIAN	ICE							
I hereby certify that the rules and regulations of the Oil Conservation						OIL CONSERVATION DIVISION					
Division have been complied with and that the information given above					Date Approved MAR 0 8 1990						
is true and complete to the best of my knowledge and belief.						Date Approved					
Mark G. Searchart					Orig. Signed by						
Signature Mark A. Degenhart Petroleum Engineer					By Paris 1 1 1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2						
Printed Name Title					Title						
2-12-90 (505) 398-6166 Date Telephone No.											
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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.