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

Revised 1-1-89 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 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Operator Well API No. Kelt Oil & Gas, Inc. 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: Dry Gas Recompletion Oil Peterson Fed #1 Casinghead Gas Condensate Change in Operator If change of operator give name and address of previous operator II. DESCRIPTION OF WELL AND LEASE Well No. | Pool Name, Including Formation Kind of Lease, State Federal or Fee Lease No. Cato San Andres Unit 192 Cato San Andres Location : 1980 Feet From The South Line and 1980 Feet From The East Unit Letter \_ Township 9 South Range 30 East , NMPM, <u>Chaves</u> 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) Ä Pride Pipeline Co. P. O. Box 2436, Abilene, TX 79604 Name of Authorized Transporter of Casinghead Gas OXY USA, Inc. or Dry 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 l Sec. Twp. Rge. Is gas actually connected? When? give location of tanks. 98 30E 6 No If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v Diff Res'v Designate Type of Completion - (X) Date Spudded Total Depth Date Compl. Ready to Prod. P.B.T.D. Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth Perforations Depth Casing Shoe TUBING, CASING AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.) Date First New Oil Run To Tank Producing Method (Flow, pump, gas lift, etc.) Date of Test Length of Test Tubing Pressure Casing Pressure Choke Size Actual Prod. During Test Oil - Bbls. Water - Bbls Gas- MCF **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 VI. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above Date Approved \_\_\_\_\_ is true and complete to the best of my knowledge and belief

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

LAVI

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Degenhart

Signature Mark

Printed Name

2-12-90

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

Title\_

Orig. Signed by

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2) All sections of this form must be filled out for allowable on new and recompleted wells.

<u>Petroleum Engineer</u>

Title.

398-6166 Telephone No

- 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.

(505)