Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Linergy, Minerals and Natural Resources Departness.

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., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

1.		IOIRA	NOI	ORI OI	L AND NA	I UHAL G	AS				
Operator KELT OIL & GAS, INC.							Well API No. 30-005-20314				
Address	יייייייייייייייייייייייייייייייייייייי	m 001	າວ								
P. O. BOX 1493, ROS	WELL, N	M 8820)	· · · · · · · · · · · · · · · · · · ·		/D/ /					
Reason(s) for Filing (Check proper box) New Well		Change in	Tene	norter of:		ner (Please expl	ain)				
Recompletion	Oil				/0227 E					0.100.101.	
Change in Operator	Casinghea	d Gas 🔯			(OXY 1	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 LEA		···								
Lease NameWell No.Pool Name, IncludCATO SAN ANDRES UNIT152CATO SAN						ing Formation N ANDRES			of Lease Lease No. Federal or Fee		
Location	. 1980			N	ORTH	108	30		TA CM		
om said									et From The <u>EAST</u> Line		
Section 27 Township	8 SOU	TH	Rang	e 30 EA	ST , N	МРМ,		CHA	VES	County	
III. DESIGNATION OF TRAN	SPORTE			ND NATU							
Name of Authorized Transporter of Oil 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						
f well produces oil or liquids, Unit ve location of tanks.		Sec. Twp		Rge.	Is gas actually connected?		When	nen ?			
If this production is commingled with that f IV. COMPLETION DATA	rom any other	er lease or	pool, g	ive comming	ling 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	I. Ready to Prod.			Total Depth			P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
Perforations					Depth Casing Shoe						
		IDDIC	CAS	INC. AND	CEMENITY	NC DECOR	<u> </u>	<u> </u>			
TUBING, CASING HOLE SIZE CASING & TUBING SIZE					CEIVLEIVIII	עַ	SACKS CEMENT				
TIOCE OILE	CASING & TOBING SIZE				DEPTH SET						
V. TEST DATA AND REQUES	T FOR A	LLOWA	ABLE	E				<u> </u>			
OIL WELL (Test must be after re			of load	oil and musi					for full 24 how	<u>rs.)</u>	
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	ual Prod. During Test Oil - Bbls.					Water - Bbls.			Gas- MCF		
GAS WELL									<u> </u>		
actual Prod. Test - MCF/D Length of Test					Bbis. Condensate/MMCF			Gravity of Condensate			
ting Method (pitot, back pr.) Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFICA	ATE OF	COMP	LIA	NCE		NI 001	1000	A TION	טוייים		
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					OIL CONSERVATION DIVISION						
is true and complete to the best of my knowledge and belief.					Date Approved						
Mark a. Degenhant											
SIGNARY A. DEGENHART PETROLEUM ENGINEER					By Department of the State of						
Printed Name OCTOBER 16, 1991	(50	 05) 398	Tiue 3-61	66	Title						
Date			phone								

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.