

Proportionate District Office
Box 1980, Hobbs, NM 88240

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OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Kerr-McGee Corporation	Well API No.
Address P.O. Box 11050 Midland, TX 79702	
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Change in Transporter of: <input type="checkbox"/> Change in transporter <input type="checkbox"/> Completion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Operator <input type="checkbox"/> Casinghead Gas <input checked="" type="checkbox"/> Condensate	
Change of operator give name Address of previous operator	

DESCRIPTION OF WELL AND LEASE				
Well Name Hahn Federal	Well No. 1	Pool Name, Including Formation Tom-Tom (San Andres)	Kind of Lease Fed. State, Federal or Fee	Lease No. 15677
Location Unit Letter N : 1980 Feet From The West Line and 660 Feet From The South Line Section 27 Township 7S Range 31E, NMPM, Chaves County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS						
Name of Authorized Transporter of Oil Lantern Petroleum Company		<input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2281 Midland, TX 79702			
Name of Authorized Transporter of Casinghead Gas Trident NGL, Inc.		<input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. Box 50250 Midland, TX 79710			
Well produces oil or liquids, or location of tanks.	Unit N	Sec. 27	Twp. 7S	Rge. 31E	Is gas actually connected? yes	When? 11/79

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA	
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.
Measurements (DF, RKB, RT, GR, etc.)	Name of Producing Formation Top Oil/Gas Pay Tubing Depth
Measurements	Depth Casing Shoe

TUBING, CASING AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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	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			
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

I. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature Judy Benton
Name Judy Benton Title Analyst II
Date October 1, 1991 Telephone No. 915/688-7039

OIL CONSERVATION DIVISION

Date Approved 10/1/91

By APPROVED BY JERRY SEXTON

Title _____

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

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

Sections of this form must be filled out for allowable on new and recompleted wells.

Only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.

Form C-104 must be filed for each pool in multiply completed wells.

Liberal

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