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

State of New Mexico

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

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

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION

•	TC	TRA	NSPC	ORT OIL	<u>AND NAT</u>	URAL GA	<u>S</u>	DI Ma			
Operator V 133 Oct 1 9 Com Trac							Well Al	PI NO.			
Kelt Oil & Gas, Inc.											
P. O. Box 1493, Rosy	well, Ni	4 8820	02								
Reason(s) for Filing (Check proper box)					X Other	(Please explai	in)				
New Well	C	hange in	-	F-1	Form	er Well	Name:				
Recompletion \square	Oil		Dry Gas	_	N	lac Fed #	2 SWD				
Change in Operator	Casinghead (Gas	Conden	sate							
f change of operator give name nd address of previous operator											
II. DESCRIPTION OF WELL A	ND LEAS	SE									
Lease Name Well No. Pool Name, Including						g Formation Kin			of Lease No. Federal or Fee		
Cato San Andres Unit	Allules			ederar or rec							
Location	49	0		_			32D		п.		
Unit Letter P	: <u>-660</u> -		Feet Fr	rom The $\frac{S}{1}$	South Line	and	Fee	et From The	East	Line	
	0 500	+ h	_ :	30 Eas	t .n	em e			Chaves	County	
Section 6 Township	9 Sou	LII	Range	JU Eas	, NN	IPM,	10			County	
III. DESIGNATION OF TRANS	PORTER	OF O	IL AN	D NATUI	RAL GAS	S	WD)			
Name of Authorized Transporter of Oil		or Conden			Address (Give	address to wh	iich approved	copy of this fo	orm is to be se	nt)	
-											
Name of Authorized Transporter of Casing	head Gas	ad Gas or Dry Gas				e address to wh	iich approved	copy of this form is to be sent)			
	1	·	l m	1 2	Is gas actually connected? Whe			n ?			
If well produces oil or liquids, give location of tanks.	Unit S	Sec.	Twp.	Rge.	is gas actually	Comeacur	1	•			
If this production is commingled with that f	rom any othe	r lease or	pool, gi	ve commingl	ing order numi	er:					
IV. COMPLETION DATA	,			J						<u> </u>	
D 1	an	Oil Well	1	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion -		<u> </u>	<u>_</u> Ļ		Total Depth	<u></u>	L	DDTD	l		
Date Spudded	Date Compl	Date Compl. Ready to Prod.				Total Depair			P.B.T.D.		
evations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas	Pay		Tubing Depth			
Perforations								Depth Casin	ng Shoe		
	TUBING, CASING AND								SACKS CEMENT		
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			 	SACKS CEMENT		
								 			
	 										
V. TEST DATA AND REQUES											
OIL WELL (Test must be after r.	· · · · · · · · · · · · · · · · · · ·		e of load	i oil and musi					for full 24 hou	<u>vs.) </u>	
Date First New Oil Run To Tank	Date of Tes	ı			Producing M	ethod (Flow, p	ump, gas iyi,	eic.)			
Length of Test	Tubing Pressure					ure		Choke Size	Choke Size		
	a total troops										
Actual Prod. During Test Oil - Bbls.					Water - Bbls			Gas- MCF			
GAS WELL											
Actual Prod. Test - MCF/D	Length of	Test			Bbls. Conde	nsate/MMCF		Gravity of	Condensate		
Testing Method (pitot, back pr.) Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)			Choke Size			
	1				٠					 	
VI. OPERATOR CERTIFIC				NCE			NSERV	ΆΤΙΩΝ	DIVISIO	NC	
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 MAR 0 8 1990					
is true and complete to the best of my	knowledge at	nd belief.	ACU STOO.	vc		. A		nar 🤃	UEEI O		
<i>O</i> : 1 - 0					Date	e Approve	e a				
Mus a De	genta	1									
Signature //	•				∥ By_	. V. V.	ileo Cirer	11			
Mark A. Degenhart Petroleum Engineer Printed Name Title						Orig. Signed by Paul Cantz Geologist					
2-12-90	(505)		6166	Title		Geologia	0.4s			
Date	<u></u>		lephone				<u>_</u>	•			

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.