propriate District Office STRICT I 3. Box 1980, Hobbs, NM 88240

STRICT II 3. Drawer DD, Artesia, NM 88210

STRICT III 00 Rio Brazos Re , Aztec, NM 87410

perator

Energy, Minerals and Natural Resources Department

Revised 1-1-89
See Instructions
at Bottom of Page

Well API No.

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

| Kerr-McGee Corpo | oration | 1 | | | | | | | | | | |
|--|---|--|--------------|------|---------------------------------|--|--|----------------------|-------------------------------|--------------|------------|--|
| ddress | | | | | | | | | | | | |
| P.O. Box 11050 cason(s) for Filing (Check proper box) | Mic | lland, | TX | 7 | 9702 | XX Othe | a (Please expla | in) | | | | |
| Well Change in Transporter of: | | | | | | | Change in transporter | | | | | |
| ecompletion | Oil | Ĭ |] Dry | • | | | | | | | | |
| hange in Operator | Casinghea | d Gas 🖸 | ⊘ C∞c | dens | nte 🗌 | | | | | | | |
| change of operator give name d address of previous operator | | | | | <u></u> | | | , | | | | |
| . DESCRIPTION OF WELL A | AND LE | ASE | | | | | | | | | | |
| ease Name Well No. Pool Name, Includin | | | | | | ng Formation | | Kind o | Lesse Fed. Lesse No. | | | |
| Hahn Federal 5 Tom-Tom (| | | | | San Andres) State, I | | | Federal or Fee 15677 | | | | |
| Unit Letter K : 1980 Feet From The West Line and 1980 Feet From The South Line | | | | | | | | | | | | |
| Section 27 Township 7S Range 31E , NMPM, Chaves County | | | | | | | | | | | | |
| I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS | | | | | | | | | | | | |
| ame of Authorized Transporter of Oil Or Condensate | | | | | | Address (Give address to which approved copy of this form is to be sent) | | | | | | |
| Lantern Petroleum Company | | | | | P.O. Box 2281 Midland, TX 79702 | | | | | | | |
| ame of Authorized Transporter of Casinghead Gas 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 | | | | | nt) | |
| well produces oil or liquids, we location of tanks. | Unit Sec. Twp. Rge. N 27 7S 31E | | | | | Is gas actually connected? When yes | | | 11/79 | | | |
| this production is commingled with that from any other lease or pool, give commingling order number: | | | | | | | | | | | | |
| V. COMPLETION DATA | | | | | | | | | | | | |
| Designate Type of Completion | - (X) | Oil W | ell | G | as Well | New Well | Workover | Deepen | Plug Back | Same Res'v | Diff Res'v | |
| ate 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 Pay | | | Tubing Depth | | | |
| | | | | | | | | | | | | |
| erforations . | | | | | | - | | | Depth Casin | g Shoe | | |
| TUBING, CASING AND | | | | | | | NC PECOD | <u>D</u> | <u> </u> | - | | |
| HOLE SIZE | | | | | | DEPTH SET | | | SACKS CEMENT | | | |
| | | | | | | | | | | | | |
| | 1 | ··· | | | | 1 | | | ļ <u> </u> | | | |
| | | | | | | | | | | ···· | | |
| . TEST DATA AND REQUES | T FOR | ALLOV | VABL | E | | 1 | ······································ | | <u> </u> | | | |
| | ad o | be equal to or exceed top allowable for this depth or be for full 24 hours.) Producing Method (Flow, pump, gas lift, etc.) | | | | | | | | | | |
| Pate First New Oil Run To Tank | Date of Test | | | | | Producing M | ethod (Flow, pu | ump, gas lift, i | tc.) | | | |
| ength of Test | Tubing Pressure | | | | · • | Casing Pressure | | | Choke Size | | | |
| | | | | | | | | | | | | |
| actual Prod. During Test | Oil - Bbls. | | | | | Water - Bbls. | | | Gas- MCF | | | |
| TAC WEIT | | | | | | | ·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·- · | | 1 | | | |
| GAS WELL Length of Test Length of Test | | | | | | Bbls. Condensate/MMCF | | | Gravity of Condensate | | | |
| | | | | | | | | | | | | |
| esting Method (pitot, back pr.) | Tubing Pressure (Shut-in) | | | | Casing Pressure (Shut-in) | | | Choke Size | | | | |
| I. OPERATOR CERTIFIC | | | | | CE | | | ISEDV | ΔΤΙΩΝΙΙ | חואופור | NI. | |
| 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 | | | | | | |
| \bigcirc \mathcal{A} \leftarrow | | | | | | | . , ,pp. 0 4 G | - | | | | |
| Signature Judy 15 inch | | | | | | By_ | وهاي والاستان | | Der Beren | SEXTEN | | |
| Judy Benton Analyst II | | | | | | | | ar, rkor i | <u> 201 mera</u> Supervasi | OR | | |
| Printed Name Title October 1, 1991 915/688-7039 | | | | | | Title | | | | - | | |
| Date Telephone No. | | | | | | | | | | | | |
| | | | | | | | | | | | | |

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.