

**OIL CONSERVATION DIVISION**  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

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

**REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS**

I. Operator Kerr-McGee Corporation Well API No. 30-005-70332

Address One Marienfeld Place, Suite 200, Midland, TX 79701

Reason(s) for Filing (Check proper box)  Other (Please explain)  
New Well  Change in Transporter of:  
Recompletion  Oil  Dry Gas  Flag-Redfern Oil Co. was merged into  
Change in Operator  Casinghead Gas  Condensate  Kerr-McGee Corp. on 6/30/89

If change of operator give name and address of previous operator Flag-Redfern Oil Co., P.O. Box 11050, Midland, TX 79702

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name <u>Hahn Federal</u>	Well No. <u>5</u>	Pool Name, including Formation <u>Tom-Tom (San Andres)</u>	Kind of Lease <u>Fed</u> State, Federal or Fee	Lease No. <u>15677</u>
-----------------------------------	----------------------	---	---	---------------------------

Location  
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

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS** Swd well

Name of Authorized Transporter of Oil  or Condensate   
Lantern Petroleum Company 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  or Dry Gas   
Cities Service Oil Company Address (Give address to which approved copy of this form is to be sent)  
P. O. Box 300, Tulsa, OK 74102

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When?
	<u>N</u>	<u>27</u>	<u>7S</u>	<u>31E</u>	<u>Yes</u>	<u>11/79</u>

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

**IV. COMPLETION DATA**

Designate Type of Completion - (X)	<input type="checkbox"/> Oil Well	<input type="checkbox"/> Gas Well	<input type="checkbox"/> New Well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Same Res'v	<input type="checkbox"/> Drift Res'v
Date Spudded	Date Compl. 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		

**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	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 (puot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

**VI. 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.

Ivan D. Geddie  
Signature  
Ivan D. Geddie Mgr., Cons. & Unit.  
Printed Name  
As of June 30, 1989 405/270-2124  
Date Telephone No.

**OIL CONSERVATION DIVISION**

Date Approved AUG 6 1989  
ORIGINAL SIGNED BY JERRY SEXTON  
By \_\_\_\_\_  
DISTRICT I SUPERVISOR  
Title \_\_\_\_\_

**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.