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

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

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

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

Santa Fe, New Mexico 87504-2088

1000 Rio Biazza Rut, Azzec, Nivi 67410	REQUEST										
•	TOT	RAN	<u>ISPO</u>	RT OIL	AND NAT	URAL GA	S Wall 2	PI No.		<u>,</u>	
Operator	Cos Inc						Well	1 140.			
Kelt Oil & Gas, Inc.	-	· · · · · · · · · · · · · · · · · · ·									
P. O. Box 1493, Rosw	vell. NM 88	3202									
Reason(s) for Filing (Check proper box)					X Othe	r (Please expla	in)				
New Well	Form	Former Well Name:									
Recompletion	Oil		ry Gas		C	order Fe	d #4				
Change in Operator	Casinghead Gas	<u> </u>	condens	ate							
f change of operator give name and address of previous operator											
II. DESCRIPTION OF WELL	AND LEASE										
Lease Name	Well No. Pool Name, Including				ng Formation	Const.CT					
Cato San Andres Unit	187 Cato San A				Andres State F			Federal or Fee	ederation ree		
Location								_			
Unit LetterH	: <u>1980</u>	F	eet Fron	m The $\frac{N_0}{N_0}$	orth_Line	and <u>660</u>	Fe	et From The	<u> Last</u>	Line	
Section 5 Township	9 South	70) anne	30 Eas	et. NN	ирм.		C	haves	County	
Section 1 Townshi	<u> </u>		Cange	30 <u>202</u>	, , , , , , , , , , , , , , , , , , , ,	111 171,			110100		
III. DESIGNATION OF TRAN		F OIL		NATU!	RAL GAS						
Name of Authorized Transporter of Oil	Address (Give address to which approved copy of this form is to be sent)										
Pride Pipeline Co. ame of Authorized Transporter of Casinghead Gas X or Dry Gas					P. O. Box 2436, Abilene, TX 79604 Address (Give address to which approved copy of this form is to be sent)						
OXY USA, Inc.	rter of Casinghead Gas X or Dry Gas							land, TX 79710			
If well produces oil or liquids,					Is gas actually connected? When ?						
give location of tanks.	K 33		8S	30E	1	es	<u> </u>	27/77			
If this production is commingled with that	from any other leas	se or po	ool, give	commingl	ling order numb	ber:					
IV. COMPLETION DATA	lou l	Well	1 6	as Well	New Well	Workover	Deepen	Plug Back	Same Pec'v	Diff Res'v	
Designate Type of Completion		Well	0	as well	1 HEW WELL	i workover	i Deelen	THUS DACK	Jame Res	j Kesv	
Date Spudded	Date Compl. Ready to Prod.			Total Depth			P.B.T.D.				
	ļ					Top Oil/Gas Pay				····	
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top On/Gas I	Top Oil Gas Fay			Tubing Depth		
Perforations								Depth Casing Shoe			
	TUBING, CASING AND (CEMENTI	CEMENTING RECORD					
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			S	SACKS CEMENT		
	+									 	
	+										
V. TEST DATA AND REQUES											
OIL WELL (Test must be after r		olume o	f load o	il and musi					or full 24 hou	urs.)	
Date First New Oil Run To Tank	Date of Test				Producing Method (Flow, pump, gas lift, etc.)						
Length of Test	Tubing Pressure				Casing Pressa	ште		Choke Size			
League of rea	Tubing Flessure										
Actual Prod. During Test Oil - Bbls.						Water - Bbis.			Gas- MCF		
GAS WELL								•			
Actual Prod. Test - MCF/D	Length of Test				Bbls. Conder	sate/MMCF		Gravity of C	ondensate		
	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size	Choke Size		
Testing Method (pitot, back pr.)											
VI. OPERATOR CERTIFIC	'ATE OF CC	יסו אר	TAN	CE	1						
				CL	(OIL CON	NSERV	MOITA	ŊŖĮŲĮĢ	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 (8 1990)					
is true and complete to the best of my	knowledge and bel	lief.			Date	Approve	.d				
Mad 1 2	tou his	A									
simple at open that					By_	By					
Signature Mark A. Degenhart Petroleum Engineer					11	11 7 12.018 1 7					
Printed Name			Title		Title			Geologist			
2-12-90 Date	(505		hone N								
Jan		Total	******* 1.4	٠.	- 11						

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.