STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTM	MENT					Form C-104	•
						Revised 10-01	
DISTRIBUTION	OIL	CONSERV	ATION	DIVISIC	N	Format 06-01 Page 1	83
SANTA FE			OX 2088				
FILE	54	ANTA FE, NE		ICO 87501			
LAND OFFICE			•• •• =• •				
TRANSPORTER GAS		REQUEST FO	OR ALLO	WABLE	•		
OPERATOR			AND		•		
PROMATION OFFICE	AUTHORIZA	TION TO TRAN	SPORT OI	L AND NATU	RAL GAS		
•				:			
	TNC						
KELT OIL & GAS,	IN C.				· · · · · · · · · · · · · · · · · · ·		
Address	uall Nou Movi	60 88201					
P.O. Box 1493, Ros		00201					
Reason(s) for filing (Check proper				Other (Please	explain)		
New Well	Change in Tr						
Recompletion		L I	Dry Gas	Febi	ruary 2, 1988		
X Change in Ownership	Casinghe	rad Gas 🛄 (Condensate				
I. DESCRIPTION OF WELL	Well No. Po	ol Name, Including			Kind of Lease State, Federal or Fee	Fod	Lease No.
Corder Federal	, 5	Cato San	Andres	<u></u>		Fed.	N M07339
Location	660	Woot		1080		South	
Unit Letter ;;	660 Feet From T	he <u>W</u> est_L	ine and	1980	_ Feet From The	South	
Line of Section 4.	Township 95	Range	30E	, NMPM	Chaves	·	County
III. DESIGNATION OF TRAI	NSPORTER OF OIL	AND NATURA	L GAS		o which approved copy o	(
Name of Authorized Transporter of		ensate		•			de sentj
Pride Pipeline Corp	oration				, Abilene, Texas		
Name of Authorized Transporter of	Casinghead Gas 💟 👘	or Dry Gas	Address	(Give address !	o which approved copy of	i iniz jorm iz ic	be sent;
Cities Service Oil	& Gas Corporat	ion		the second s	Midland, Texas	79702	
If well produces oil or liquids,	Unit Sec.	Twp. Rge.	ls que a	ctually connecte	•		
give location of tanks.	L 4	9S 30E		Yes	7	7/19/77	
f this production is commingled	with that from any of	ther lease or pool.	, give com	mingling order	number: CT	-179 .	
•			-				
NOTE: Complete Parts IV an	nd V on reverse side	st necessary.					
	LANCE				ONSERVATION DIV	VISION	
71. CERTIFICATE OF COMPL	LAINCE						
hereby certify that the rules and regu seen complied with and that the inform	lations of the Oil Conser atton given is true and co	vation Division have implete to the best of	APPR	OVED	•		9

been complied with and that the information given is true and complete to the best of my knowledge and belief.
(Signature)
Christian Delevis - President
(Title)
January 29, 1988
(Date)

0	IL CONSERVATION DIVISION	
APPROVED		, 9
8Y	IOINAL SIGNED BY JERRY SEXTON-	
TITLE	DISTRICT I SUPERVISOR	

This form is to be filed in compliance with RULE | 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition. Separate Forms C-104 must be filed for each pool in multiply completed wells.

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IV. COMPLETION DATA

Designate Type of Completi	on - (X)	1011 Well	'Gas Well I I	New Well	Workover I	i Deepen I	Plug Back	' Same Restv. I	Diff. Restv.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	GR, etc., Name of Producing Formation Top Oil/Gas Pay			Tubing Depth					
Perforations	_]			<u> </u>			Depth Casis	ng Shoe	······
		TUBING,	CASING, AN	D CEMENTI	NG RECOR	D			<u> </u>
HOLE SIZE	CASI	NG & TUBI	NG SIZE		DEPTH SE	Т	5/	CKS CEMEN	(T
	+							·	
	1	·····							
				<u>i</u>					

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of sotal volume of load oil and must be equal to ar exceed top allow-OIL WELL able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	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 - Bbis.	Gas • MCF	
1				

GAS WELL

Actual Prod. Test+MCF/D	Longth of Test	Bbis, Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shut-ia)	Cosing Pressure (Sbut-1m)	Choke Size