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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 68240

State of New Mexico — Energy, Minerals and Natural Resources Dej — tent

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

DISTRICT II P.O. Drawer DD, Anesia, NM 88210 OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.	<u> </u>	RANSP	ORT OIL	<u> AND NA</u>	TURAL G					
Decidor Kerr-McGee Corporation					Well /			API No. 30-005-20609		
Address One Marienfeld Pla	ce, Suite 2	00. Mi	dland.	TX 797	'O1					
Reason(s) for Filing (Check proper box)					res (Please exp	lain)				
New Well	Chang	e in Transp		Flag_De	dforn 0	il (o .				
Recompletion	Oil	Dry G	as 🗀	Vons Me	edfern O	11 CO. 1	vas mero	gea into	)	
Change in Operator	Casinghead Gas	Conde	nsate	אפון -ויונ	Gee Cor	p. on 6,	30/89			
If change of operator give name and address of previous operator Flag	g-Redfern O	il Co.	<u>, p.o.</u>	Box 110	50, Mid	land, T	79702	2		
II. DESCRIPTION OF WELL	AND LEASE									
Lease Name Amoco Federal	Well N	• · · · · · · · · · · · · · · · · · · ·			of Lease Fed Lease No. Federal or Fee NM13418					
Location	1000		L.I	o.c.t						
Unit Letter	: 1980 Feet From The West Line and 660 F-et From The South Line								Line	
Section 23 Townsh	hip 7S	Range	31E		МРМ,	<del></del>	<u>Ch</u>	aves	County	
III. DESIGNATION OF TRA			D NATU			<del></del>				
Name of Authorized Transporter of Oil		ndensate			e address to w				eni)	
Lantern Petroleum Co Name of Authorized Transporter of Casi	P. O. Box 2281, Midland, TX 79702									
Cities Service Oil C	nghead Gas X		Address (Give address to which approved copy of this form u to be set P. O. Box 300, Tulsa, OK 74102							
If well produces oil or liquids,	luau Sec					When				
give location of tanks.	r liquids, Unit Sec. Twp. Rge. Is gas actually connected?						11/79			
If this production is commingled with tha					ber:		<u> </u>			
IV. COMPLETION DATA	Ou v		Gas Well	New Well	Workover	1 5	l n n	ls a	b. cc p	
Designate Type of Completion		,	Oas Well	146m 4460	WOLLOVE!	Deepen	i riug back	Same Res'v	Diff Resiv	
Date Spudded	pudded Date Compt. 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			
10.50.5	TUBING, CASING AND							:		
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET				SACKS CEMENT		
		· J								
V. TEST DATA AND REQUE OIL WELL (Test must be after				be equal to a	exceed too all	lowable for thi	e death as he	for full 24 hou	ee )	
tate First New Oil Run To Tank Date of Test				be equal to or exceed top allowable for this depth or be for full 24 hours.)  Producing Method (Flow, pump, gas lift, etc.)						
Length of Test	Tubing Pressure			Casing Press	ure en		Choke Size			
Annal Park D										
Actual Prod. During Test	Oil - Bbls.			Water - Bbla.			Gas- MCF	Gas- MCF		
GAS WELL				-			-			
Actual Prod. Test - MCF/D	Length of Test		Bbis. Conde	sate/MMCF		Gravity of Condensate				
Testing Method (pitot, back pr.)	Tubing Pressure (S	print-in)	<del></del>	Casing Pressure (Shut-in)			Choke Size			
VL OPERATOR CERTIFIC	CATE OF CON	<b>MPLIAN</b>	<b>ICE</b>							
I hereby certify that the rules and regu	ilations of the Oil Cor	servation			DIL COM	<b>NSERV</b>	ATION	DIVISIO	DN:	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.				AUG × 1989						
19 THE WINT COMMENTS TO IDE DESC. OF MA	Excessed and belief	r.		Date	Approve	d MU	O O	1989		
And Deselate				ORIGINAL SIGNED BY JERRY SEXTON						
Simonton				By DISTRICT I SUPERVISOR						
Signature Ivan D. Geddie	Mar., Coi	ns. &	Unit.	""	-					
Printed Name		Title		Title				4		
As of June 30, 1989		270-21 Telephone N		''			· · · · · · · · · · · · · · · · · · ·			

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.