

Energy, Minerals and Natural Resources Department

Box 1980, Hobbs, NM 88240

Oil Conservation Division

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

Request for Allowable and Authorization
to Transport Oil and Natural Gas

Operator

Kerr-McGee Corporation

Well API No.

Address

P.O. Box 11050 Midland, TX 79702

Reason(s) for Filing (Check proper box)

☒ Other (Please explain)

Change in transporter

Well Completion Change in Operator

☐ Oil

☐ Casinghead Gas

Change in Transporter of:

☐ Dry Gas

☒ Condensate

Range of operator give name

Address of previous operator

DESCRIPTION OF WELL AND LEASE

Well Name

Southard 26

Well No.

3

Pool Name, including Formation

Tom-Tom (San Andres)

Kind of Lease Fee

State, Federal or Fee

Lease No.

Location

Unit Letter F 1980 Feet From The North Line and 1980 Feet From The West Line

Section 26 Township 7S Range 31E, NMPM, Chaves County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Transporter of Oil

☒ or Condensate

Antern Petroleum Company

Address (Give address to which approved copy of this form is to be sent)

P.O. Box 2281 Midland, TX 79702

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

Well produces oil or liquids, location of tanks.

Unit D Sec. 26 Twp. 7S Rge. 31E

Is gas actually connected?

yes

When ?

11/79

Is production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA

Designate Type of Completion - (X)

☒ Oil Well

☐ Gas Well

☐ New Well

☐ Workover

☐ Deepen

☐ Plug Back

☐ Same Res'v

☐ Diff Res'v

Spudded

Date Compl. Ready to Prod.

Total Depth

P.B.T.D.

ations (DF, RKB, RT, GR, etc.)

Name of Producing Formation

Top Oil/Gas Pay

Tubing Depth

ations

Depth Casing Shoe

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE

CASING & TUBING SIZE

DEPTH SET

SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE

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.)

First New Oil Run To Tank

Date of Test

Producing Method (Flow, pump, gas lift, etc.)

gth of Test

Tubing Pressure

Casing Pressure

Choke Size

ual Prod. During Test

Oil - Bbls.

Water - Bbls.

Gas- MCF

AS WELL

ual Prod. Test - MCF/D

Length of Test

Bbls. Condensate/MMCF

Gravity of Condensate

ing Method (pilot, back pr.)

Tubing Pressure (Shut-in)

Casing Pressure (Shut-in)

Choke Size

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.

Signature

Judy Benton

Printed Name

Judy Benton

Date

October 1, 1991

Title

Analyst II

Telephone No.

915/688-7039

OIL CONSERVATION DIVISION

Date Approved

By

JUDY BENTON

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.

RECEIVED

OCT 03 1991

U.S.
MARSHAL SERVICE