Submit 5 Copies
Appropriate District Office
DISTRICT! P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources De, ment

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

OIL CONSERVATION DIVISION DISTRICT II P.O. Drawer DD, Anesia, NM 88210

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

SHUT-IN

DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Operator Kerr-McGee Corporation 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: Flag-Redfern Oil Co. was merged into Recompletion Oil Dry Gas Kerr-McGee Corp. on 6/30/89 Condensate X Casinghead Gas Change in Operator 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 Well No. | Pool Name, including Formation Kind of Lease Fad. State, Federal or Fee Lease No. Amoco Federal 5 Tom-Tom (San Andres) NM13418 Location 660 Feet From The South Line and 1980 Feet From The West Unit Letter _ Section 26 Range 31E Township 7S , NMPM, Chaves III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil or Condensate or Dry Gas Name of Authorized Transporter of Casinghead Gas Address (Give address to which approved copy of this form is to be sent) Twp If well produces oil or liquids, Sec Rge. Is gas actually connected? When ? give location of tanks If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v Designate Type of Completion - (X) Total Depth Date Spudded Date Compi. Ready to Prod. PRTD 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 m ist 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 Casing Pressure Choke Size **Tubing Pressure** Actual Prod. During Test Oil - Bbis. Water - Bbls. Gas- MCF **GAS WELL** Actual Prod. Test - MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size VL OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION I hereby certify that the rules and regulations of the Oil Conservation AUG 2 1 1989 Division have been complied with and that the information given above is true and complete to the best of my knowledge and build Date Approved a Belde ORIGINAL SIGNED BY JERRY SEXTON' By. DISTRICT I SUPERVISOR <u>Ivan D</u> Geddie Cons. & Unit. Mar. Printed Name Title Title As of June 30, 1989

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.

405/270-2124

Telephone No.

- 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.