

**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 <b>Kerr-McGee Corporation</b>	Well API No.
Address P.O. Box 11050 Midland, TX 79702	
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/> Change in completion <input type="checkbox"/> Change in Operator <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input checked="" type="checkbox"/> Condensate <input type="checkbox"/>
Change of operator give name and address of previous operator	

**DESCRIPTION OF WELL AND LEASE**

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease Fee State, Federal or Fee	Lease No.
Southard 26	4	Tom-Tom (San Andres)		

Location  
 Unit Letter C : 660 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**

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Lantern Petroleum Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2281 Midland, TX 79702
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> 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   Sec.   Twp.   Rge.   Is gas actually connected?   When ?
	D   26   7S   31E   yes   11/79

If this 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
<input checked="" type="checkbox"/>								
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Deviations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Formations						Depth Casing Shoe		

**TUBING, CASING AND CEMENTING RECORD**

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

**TEST DATA AND REQUEST FOR ALLOWABLE**

**L 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.)

Date First New Oil Run To Tank	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 - Bbls.	Gas- MCF

**AS WELL**

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Casing 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.

*Judy Benton*  
 Signature  
 Judy Benton Analyst II  
 Printed Name  
 October 1, 1991 Date  
 915/688-7039 Telephone No.

**OIL CONSERVATION DIVISION**

Date Approved \_\_\_\_\_

By \_\_\_\_\_ JERRY SEXTON  
 SUPERVISOR

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

OFFICE