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

State of New Mexico
Energy, Minerals and Natural Resources Department

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

DISTRICT II P.O. Drawer DD, Antesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088 Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.	T	O TRAN	ISPORT OIL	L AND NA	TURAL GA	AS				
perator					Well API N					
Kelt Oil & Gas, Inc.										
P. O. Box 1493, Rosy	11 NN בי	1 88202							•	
Reason(s) for Filing (Check proper box)	, , III	1 00202		X Oth	et (Please explo	2in)				
New Well										
Recompletion Oil Dry Gas North Cato #1										
Change in Operator	Casinghead	Gas C	ondensate							
If change of operator give name and address of previous operator Yat	t <mark>es E</mark> ner	gy Cor	p., P. O	. Box 23	23, Ros	well, NN	1 88202			
II. DESCRIPTION OF WELL	AND LEA	SE								
Lease Name	ing Formation	•		Kind of Lease Lease No		ease No.				
Cato San Andres Unit	3 Cato San			Andres	State,	e, Federal of Fee				
Location	1000			.,						
Unit LetterE	. <u>1980</u>	F	eet From The	North Lin	e and <u>660</u>	Fe	et From The _	West	Line	
Section 4 Township	8 Sou	ith R	ange 30 Eas	st , N	мрм,		(Chaves	County	
III DESIGNATION OF TRAN	SDODTEE	OF OIL	AND NATE	DAT CAS						
Name of Authorized Transporter of Oil	II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil X or Condensate Address (Give address to which approved copy of this form is to be sent)									
Pride Pipeline Co.	P. O. Box 2436, Abilene, TX 79604									
Name of Authorized Transporter of Casing	head Gas	[X] O	r Dry Gas	Address (Giv	e address to wh	uch approved	copy of this form is to be sent)			
OXY USA, Inc.							land, TX 79710			
If well produces oil or liquids, give location of tanks.	Unit S	Sec. T 4	wp. Rge. 8S 30E	Is gas actuall	y connected?	When	?			
If this production is commingled with that f				ling order num	ber					
IV. COMPLETION DATA			, 6		-		4			
Designate Type of Completion	<u>~</u>	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded		Pendy to Dr		Total Depth		<u> </u>	ļJ			
Dan Spanier	Date Compl. Ready to Prod.			Total Depar			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Pro	ducing Form	nation	Top Oil/Gas	Top Oil/Gas Pay			Tubing Depth		
Perforations								Depth Casing Shoe		
							Dopai Gasing	, blice		
	CEMENTI	NG RECOR	D							
HOLE SIZE	CAS	NG & TUB	NG SIZE	DEPTH SET			SACKS CEMENT			
							 	····		
V. TEST DATA AND REQUES							<u> </u>			
OIL WELL (Test must be after re Date First New Oil Run To Tank			load oil and musi					or full 24 hou	rs.)	
Date First New Oil Run To Tank Date of Test					Producing Method (Flow, pump, gas lift, etc.)					
ngth of Test Tubing Pressure				Casing Pressu	ıre		Choke Size			
Actual Prod. During Test Oil - Bbls.				Water - Bbis.			Gas- MCF			
	<u> </u>									
GAS WELL										
Actual Prod. Test - MCF/D	Length of Te	est		Bbls. Conden	sate/MMCF	*	Gravity of Co	ondensate		
Testing Method (pitot, back pr.) Tubing Pressure (Shut-in)				Cooling Dancer	- (Ch.:a !=)	 .	Choke Size			
				Casing Pressure (Shut-in)			CHORD DILLO			
VI OPERATOR CERTIFICA	ATE OF (COMPLI	IANCE	1						
VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation					OIL CONSERVATION DIVISION					
Division have been complied with and that the information given above										
is true and complete to the best of my knowledge and belief.				Date	Approved	d	MAR 0 8 1990			
Much a Danhart										
Signature _				By_	By Orig. Signed by Paul Kautz					
Mark A. Degenhart	Pet		Engineer				Geologi			
Printed Name 2-12-90	(50		11e -6166	Title						
Date		Telepho								

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.