Submit 5 Copies
Appropriate District Office
DISTRICT 1
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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.	TO 1	<u> </u>	PORT OI	<u>L AND NA</u>	TURAL G.				
Kerr-McGee Corpor			Well	APINO. 30-005-70680					
Address One Marienfeld Pl	lace. Suite 2	00 M	lidland	TX 797	01				
Reason(s) for Filing (Check proper b	ar)	00, F	ilulanu,	1/ /9/ : Oth	er (Please expl	auni		· · · · · · · · · · · · · · · · · · ·	
New Well		se in Tran	sporter of:						
Recompletion	Oil	Dry		Flag-Re	dfern Oi	11 Co. 1	vas mer	aed into	1
Change in Operator	Casinghead Gas		_	Kerr-Mc	Gee Corp	on 6,	/30/89	gea mee	,
If change of operator give name and address of previous operator	ag-Redfern O	il Co	., P.O.	Box 110	50, Mid]	and, T	7970	2	
II. DESCRIPTION OF WE	LL AND LEASE								
Lease Name		No. Pool	Name Includ	ing Formation		Kind	of lease (60	ease No.
Amoco Federal	6		(San Andres) State.			Federal or Fee NM13418			
Unit Letter K	1980	Feat	From The _	West Lin	e and	<u>5</u> F	et From The	Sout	h Line
Section 26 Tow	raship 7S	Rang	ge 31E	, NI	мрм,	<u>-</u>	C	haves	County
III. DESIGNATION OF TR	ANSPODTED OF		ND NATE	DAL CAS					
Name of Authorized Transporter of C	ALVALOR TER OF	odensate	TIND INATO		e address to wi	uch approved	CORN of this	for to b	
Lantern Petroleum	Λ								eu)
Name of Authorized Transporter of C	ry Gas	Address (Giv	DUX ZZCI	uch anarawa	copy of this form is to be sent)				
Cities Service Oil		V NI		PO	Box 300	Tulca	. COPY 67 17 7.	1100 1100	eni)
If well produces oil or liquids,	Unut Sec.	Twp	Ree	ls gas actually	v connected?	When		+102	
give location of tanks.	N 1 23	i 79		Yes	,		11/7	a	
If this production is commungled with		or pool.			er.		//		· · · · · · · · · · · · · · · · · · ·
IV. COMPLETION DATA	Oil V		Gas Weil					12 -	
Designate Type of Complete	ion - (X)	i		New Well	Workover	Deepen	Mug Hack	Same Res'v	Diff Resiv
Date Spudded	ate Spuidded Date Compil 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				I		<u></u>	Depth Casing Shoe		
	TI 'BIN	IC CAS	DIC AND	CEMENTIN	IC PECOP				
HOLE SIZE	TUBING, CASING AND			DEPTH SET			SACKS CEMENT		
			JIEE						
						······································			
							 		
			····			•			
V. TEST DATA AND REQU	JEST FOR ALLO	WABLI	E						
OIL WELL (Test must be aft	er recovery of local volu	me of load	d oil and must	be equal to or	exceed top allo	wable for this	depth or be	for full 24 kou	er i
Date First New Oil Run To Tank	Date of Test			Producing Method (Flow, pump, gas lift, etc.)					
Length of Test	Tubing Pressure			Casing Pressu	n		Choke Size		
Actual Prod. During Test	Oil - Bbia.			Water - Bbls.			Gas- MCF		
GAS WELL			·		•			· · · · · · · · · · · · · · · · · · ·	
Actual Prod. Test - MCF/D	Length of Test		Bbis. Condens	ala/MMCF	·	Gravity of Condensate			
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size		
M OPER : TOT							<u> </u>		
VL OPERATOR CERTIF			NCE	_		050		5000	
I hereby certify that the rules and re	guistions of the Oil Con	Mervation			IL CON			DIVISIO	N
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.				AUG 8 1989					
Sinc comprise to the open of the period,				Date Approved					
-fin Disetila				ORIGINAL SIGNED BY JERSY COXTON					
Signature Ivan D. Geddi	e Mgr., Com	<u></u>	Unit.	Ву_	ν	JIRICI I 3	WER VIS	УК	- - , ,
Printed Name As of June 30, 198	_	Title 270-21		Title_			**		·
Dute		clenhone		l i					

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.

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.