

RICT II  
Drawer DD, Artesia, NM 88210

RICT III  
Rio Brazos Rd., Aztec, NM 87410

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

DESCRIPTION OF WELL AND LEASE

|  |               |  |  |           |
|--|---------------|--|--|-----------|
| Well Name<br>Southard "A"  | Well No.<br>2 | Pool Name, including Formation<br>Tom-Tom (San Andres) | Kind of Lease Fee<br>State, Federal or Fee | Lease No. |
| Location<br>Unit Letter H : 1980 Feet From The North Line and 660 Feet From The East Line<br>Section 26 Township 7S Range 31E, NMPM, Chaves County |               |  |  |           |

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|   |  |            |            |             |                                   |                |
|---|--|------------|------------|-------------|-----------------------------------|----------------|
| Name of Authorized Transporter of Oil<br>Western Petroleum Company <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent)<br>P.O. Box 2281 Midland, TX 79702  |            |            |             |                                   |                |
| Name of Authorized Transporter of Casinghead Gas<br>Prident NGL, Inc. <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent)<br>P.O. Box 50250 Midland, TX 79710 |            |            |             |                                   |                |
| Well produces oil or liquids,<br>Location of tanks.   | Unit<br>G  | Sec.<br>26 | Twp.<br>7S | Rge.<br>31E | Is gas actually connected?<br>yes | When?<br>11/79 |

If 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.          |            |            |
| Conditions (DF, RKB, RT, GR, etc.) | Name of Producing Formation |          | Top Oil/Gas Pay |          |        | Tubing Depth      |            |            |
| Measurements                       |                             |          |                 |          |        | 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.) |            |
| Depth of Test   | Tubing Pressure | Casing Pressure                               | Choke Size |
| Actual Prod. During Test  | Oil - Bbls.     | Water - Bbls.                                 | Gas- MCF   |

S WELL

|                                    |                           |                           |                       |
|------------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test - MCF/D          | Length of Test            | Bbls. Condensate/MMCF     | Gravity of Condensate |
| Producing 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<br>Judy Benton    | Title<br>Analyst II           |
| Printed Name<br>Judy Benton | Telephone No.<br>915/688-7039 |
| Date<br>October 1, 1991     |                               |

OIL CONSERVATION DIVISION

|               |  |
|---------------|--|
| Date Approved | By<br>ORIGINAL SIGNED BY JERRY SEXTON<br>DISTRICT 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.

OCT 03 1991

HOODS OFFICE