

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

OIL CONSERVATION DIVISION

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

I. Operator Kerr-McGee Corporation Well API No. \_\_\_\_\_

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: ☐ Dry Gas ☐ Flag-Redfern Oil Co. was merged into  
Recompletion ☐ Oil ☐ Casinghead Gas ☐ Condensate ☐ Kerr-McGee Corp. on 6/30/89  
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

Lease Name <u>Booher 35</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Tom-Tom (San Andres)</u>	Kind of Lease Fee <u>State, Federal or Fee</u>	Lease No. _____
Location Unit Letter <u>D</u> <u>467</u> Feet From The <u>North</u> Line and <u>467</u> Feet From The <u>West</u> Line Section <u>35</u> Township <u>7S</u> Range <u>31E</u> , <u>NMPM</u> , <u>Chaves</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Lantern Petroleum Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 2281, Midland, TX 79702</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) _____
If well produces oil or liquids, give location of tanks. Unit <u>D</u> Sec <u>35</u> Twp <u>7S</u> Rge <u>31E</u>	Is gas actually connected? <u>No</u> When? _____

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

IV. COMPLETION DATA

Designate Type of Completion - (X)	<input type="checkbox"/> Oil Well	<input type="checkbox"/> Gas Well	<input type="checkbox"/> New Well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Same Res'v	<input type="checkbox"/> Diff Res'v
Date Spudded _____	Date Comp. 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 _____						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 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 _____

GAS WELL

Actual Prod. Test - MCF/D _____	Length of Test _____	Bbls. Condensate/MMCF _____	Gravity of Condensate _____
Testing Method (prior, back pr.) _____	Tubing Pressure (Shut-in) _____	Casing Pressure (Shut-in) _____	Choke Size _____

VI. 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 Ivan D. Geddie  
Printed Name Ivan D. Geddie Mgr., Cons. & Unit.  
Title \_\_\_\_\_  
As of June 30, 1989 405/270-2124  
Date \_\_\_\_\_ Telephone No. \_\_\_\_\_

OIL CONSERVATION DIVISION

Date Approved AUG 8 1989  
By ORIGINAL SIGNED BY JERRY HUTTON  
DISTRICT I 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.