

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. 30-005-70713

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	Well No.	Pool Name, including Formation	Kind of Lease	Fee	Lease No.
<u>Nuckols 24</u>	<u>2</u>	<u>Tom-Tom (San Andres)</u>	<u>State, Federal or Fee</u>		<u>204242</u>
Location					
Unit Letter <u>N</u>	<u>660</u>	Feet From The <u>South</u>	Line and <u>1980</u>	Feet From The <u>West</u>	Line
Section <u>24</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"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Lantern Petroleum Company</u>	<u>P. O. Box 2281, Midland, TX 79702</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Cities Service Oil Company</u> <u>oxy NGL Inc</u>	<u>P. O. Box 300, Tulsa, OK 74102</u>
If well produces oil or liquids, give location of tanks.	Unit <u>M</u> Sec. <u>24</u> Twp. <u>7S</u> Rge. <u>31E</u>
Is gas actually connected?	When? <u>11/82</u>

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)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. 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 (pilot, 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 Title Mgr., Cons. & Unit.  
Date As of June 30, 1989 Telephone No. 405/270-2124

### OIL CONSERVATION DIVISION

Date Approved AUG 8 1989  
ORIGINAL SIGNED BY JERRY SEXTON  
By \_\_\_\_\_ 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.

RECEIVED  
REC'D

JUL 31 1989  
JUL 31 1989

OCD  
HOBBS OFFICE