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UCT II hawer DD, Aneria, NM 88210

State of New Mexico Energy, arais 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

UCT III Uo Brazos Rd., Azzec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION	
TO TRANSPORT OIL AND NATURAL GAS	

tor							Well	API No.			
Kerr-McGee Corp	oration	n									
88							· · · · · · · · · · · · · · · · · · ·				
P.O. Box 11050	Mic	lland,	TX	79702							
n(s) for Filing (Check proper box)			_	_	XX Othe	er (Please expia					
Well U	0.1	Change in				Change :	in tran	sporter			
npletion	Oil Casingher	<u>                                  </u>	Dry G Conde								
ige of operator give name	Canngne	id Gas 🔄	Conde	ance							
dress of previous operator	<del></del>								·-··		
ESCRIPTION OF WELL	AND LE	ASE								•	
Name		Well No.	Pool N	lame, Includi	ng Formation		Kind	of Lesse Fe	Lease Fed Lease No.		
Amoco Federal						es)	State	, Federal or Fee	NM124	18	
on											
Unit Letter P	_ : <u>_</u>	990	Feet F	rom The	South Line	and99	<u>0</u> r	eet From The _	East	Line	
	_										
Section 26 Township	7S		Range	: 31E	, NN	MPM,	Chav	res		County	
DESIGNATION OF TRAN	SDADTE	D OF O	TT A N	יו דיים או או אווי	DAT CAC	•					
of Authorized Transporter of Oil		or Conder		יט ואאנט.	Address (Giw	e address to wh	ich approve	d copy of this fo	rm is to he se	nt)	
ntern Petroleum Com	pany					ox 2281		and, TX	79702	·-,	
of Authorized Transporter of Casing			or Dry	Gas 🗀	1			d copy of this fo		nt)	
ident NGL, Inc.					I .	ox 50250		lland, TX			
l produces oil or liquids,	Unit	Sec.	Twp.	Rge.	is gas actually		Whe	n ?		<del></del>	
cation of tanks.	M	26	7S	31E	yе		<u> </u>	11/79			
production is commingled with that	from any ou	her lease or	pool, gi	ive comming!	ing order numb	per:					
COMPLETION DATA								<del></del>	····	١	
signate Type of Completion	- (X)	Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Spudded	<u> </u>	pl. Ready to	) Prod		Total Depth	l	<u> </u>	BBTD			
		,p., 1000) u	71.00					P.B.T.D.			
ions (DF, RKB, RT, GR, etc.) Name of Producing Formation				0	Top Oil/Gas I	Pay		Tubing Dept	Tuhing Depth		
								The man bept	Tabing Deput		
ations	<u> </u>				<u> </u>	<del></del>		Depth Casing	Shoe		
					CEMENTI	NG RECOR					
HOLE SIZE	CA	SING & TI	JBING	SIZE		DEPTH SET		S	SACKS CEMENT		
					<del> </del>	.,,					
EST DATA AND REQUES	TFOR	ALLOW	ARLF	<u> </u>	<u> </u>		*				
					be equal to or	exceed top allo	wable for it	nis depth or be f	or full 24 hou	rs.)	
First New Oil Run To Tank	Date of Te				be equal to or exceed top allowable for this depth or be for full 24 hours.)  Producing Method (Flow, pump, gas lift, etc.)						
h of Test	Tubing Pressure				Casing Pressu	ıre		Choke Size	Choke Size		
					ļ						
l Prod. During Test	Oil - Bbls.	•			Water - Bbls.		-	Gas- MCF			
<u> </u>	<u> </u>									-	
WELL											
I Prod. Test - MCF/D	Length of	Test			Bbls. Conden	isate/MMCF	<del></del>	Gravity of C	ondensate		
	70-51-0				<u></u>	704					
g Method (pilot, back pr.)	lubing PT	essure (Shu	t-m)		Casing Press	ire (Shui-in)		Choke Size			
ODED A TOP CERTURE	ATTE 0				\ <u></u>	<del></del>					
OPERATOR CERTIFIC				NCE	∥ · (		ISERV	ATION I	אופור	M	
ereby certify that the rules and regulations of the Oil Conservation vision have been complied with and that the information given above					OIL CONSERVATION DIVISION						
true and complete to the best of my knowledge and belief.					D-4-	UW) Wa 1891					
·	0				Date	Approve	a				
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gnature J	,			_	∥ By_	*1.8516*16.17#	SOGNED	BY JERRY S SUPERVISOR	EXTON		
Indy Bonton		Analy	st I Title	1			eracti.	ouper visor	Ĭ		
October 1, 1991		915/6		039	Title			- <del></del>			
ile	<del>~~~~~~~~~</del>		ephone								
	<u> </u>				. 11						
INSTRUCTIONS: This for	m is to be	filed in a	compli	iance 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.