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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

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

1000 Rio Brazos Rd., Azzec, NM 87410				LE AND AUTHORIS					
Kerr-McGee Corporation						Well API No. 30-005-20802			
Address One Marienfeld Place	e, Suite 20	O, Mid	lland,	TX 79701 Other (Please expla	aim)				
Reason(s) for Filing (Check proper box)  New Weil  Recompletion  Change in Operator	Change Oil Casinghead Gas	in Transpor	. 🛚	Flag-Redfern Oi Kerr-McGee Corp	1 Co. w		ed into		
		1 Co.,	P-0.	Box 11050, Midl	and, TX	79702			
						nd of Lease Fed Lease No. NM16637			
Location Unit Letter P	: 660	Feet Fro	om The _S	outh Line and 330	) F-	et From The .	East	Line	
Section 28 Townshi	<b>p</b> 7S	Range	31E	, NMPM,			Chaves	County	
III. DESIGNATION OF TRAN			D NATU	RAL GAS					
Name of Authorized Transporter of Oil or Conder Lantern Petroleum Company				1	o which approved copy of this form is to be sent)  81. Midland. TX 79702				
Name of Authorized Transporter of Casing		or Dry	Gas	Address (Give address to wi	hick approved	approved copy of this form u to be sent)			
If well produces oil or liquids, give location of tanks.	Unit Sec.	Twp.	Rge.	Is gas actually connected?	When	?			
If this production is commingled with that	<del></del>			· · · · · · · · · · · · · · · · · ·	1				
IV. COMPLETION DATA  Designate Type of Completion	- (X)	/ell (	Gas Well	New Well Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compi. Read	y to Prod.		Total Depth	-	P.B.T.D.	<u> </u>		
Elevations (DF, RKB, RT, GR, etc.)	Formation	1	Top Oil/Gas Pay		Tubing Depth				
Perforations					Depth Casing Shoe				
	TUBIN	G, CASI	NG AND	CEMENTING RECOR		<u> </u>			
HOLE SIZE	CASING &	TUBING S	SIZE	DEPTH SET	SACKS CEMENT				
V. TEST DATA AND REQUES OIL WELL (Test must be after to				be equal to or exceed top all	ouable for thi	e derek ar he	for full 24 hou	ere ì	
Date First New Oil Run To Tank	Date of Test	mer oy tours	ou and must	Producing Method (Flow, pe			or ) and 24 mos	.,	
Length of Test	Tubing Pressure			Casing Pressure	Choke Size				
Actual Prod. During Test	Oil - Bbls.			Water - Bbla.	Gas- MCF				
GAS WELL						<u> </u>			
Actual Prod. Test - MCF/D	Length of Test			Bbls. Condensate/MMCF	Gravity of Condensate				
Testing Method (pitot, 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 be a complied with and that the information gives above is true and complete to the best of my knowledge and belief.				OIL CONSERVATION DIVISION  Date Approved AUG 8 1989 ORIGINAL SIGNED BY JERRY SEXTON					
Signature  Ivan D. Keddie		ns. &	Unit.	Ву	DISTRIC	T I SUPER	VISOR		
Printed Name As of June 30, 1989 Date		Title 270-21 Telephone N		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.