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State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator	KELT OIL & GAS, INC.	Well API No.	30-005-21010
Address	363 N. SAM HOUSTON PKWY. E., SUITE 1000 HOUSTON, TX 77060		
Reason(s) for Filing (Check proper box)	<input type="checkbox"/> New Well <input type="checkbox"/> Other (Please explain)		
Recompletion	<input type="checkbox"/> Change in Transporter of: <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> EFFECTIVE OCTOBER 1, 1992		
Change in Operator	<input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
If change of operator give name and address of previous operator			

II. DESCRIPTION OF WELL AND LEASE

Lease Name	STATE "DQ"	Well No.	2	Pool Name, including Formation	MANY GATES - WOLFCAMP	Kind of Lease	State Federal or Fee	Lease No.	
Location	Unit Letter D : 330 Feet From The NORTH Line and 840 Feet From The WEST Line								
	Section 32	Township 9 SOUTH	Range 30 EAST	, NMPM,		CHAVES	County		

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil	<input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)				
AMOCO PIPELINE INTERCORPORATE TRUCKING	<input type="checkbox"/>	502 N. WEST AVE. LEVELLAND, TX 79336				
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)				
NONE	<input type="checkbox"/>	---				
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 32	Twp. 9S	Rge. 30E	Is gas actually connected?	When ?
					NO	

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
MARK A. DEGENHART
PETROLEUM ENGINEER
Printed Name
SEPT. 30, 1992
Date
(713) 447-1700
Telephone No.

OIL CONSERVATION DIVISION

OCT 05 '92

Date Approved

By

Signed by
Paul Kautz
Geologist

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
OCT 05 1992
OCD HOBBS OFFICE

RECEIVED
OCT 07
OCD HOL