Submit 5 Cooles
Appropriate District Office
DISTRICT 1
P.O. Box 1980 Clobbs, 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

DISTRICT II
P.O. Drawer D: 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

<u></u>		10 1117	11101	ONI OIL	- AIND IN	HUNAL GA						
Operator Kelly H. Bay	Kelly H. Baxter								Wall API No. 30-025-29664			
Address P. O. Box 11		Midla	nd.	TX 7	9702					<del></del>		
Reason(s) for Filing (Check proper box)						ver (Please expl	nin)	<del></del>				
New Well	· · · · · · · · · · · · · · · · · · ·											
Recompletion	Oil		Dry C									
Change in Operator		d Gas 🔲	•									
If change of operator give name and address of previous operator					· · · · · · · · · · · · · · · · · · ·				<del>*************************************</del>	<del></del>		
IL DESCRIPTION OF WELL	AND LE	ASE	· · · ·	*	<del> </del>							
Lease Name				Pool Name, Including Formation				Kind of Lease Lease				
Speight	1	B	conco	Siluro/Dev			State, Federal or Fee		21670			
Location												
Unit Letter A	_ :	660	. Feet F	rom The N	orth Li	e and 660	· F	et From The _	East	Line		
Section 15 Township 13-S Range 38					-E ,N	MPM. L	ea		County			
		<del></del>								- County		
MII. DESIGNATION OF TRANSPORTER OF OIL AND NATUR Name of Authorized Transporter of Oil  EDECT CONTEST  EDETT CONTEST  EDET CONTEST  EDETT CON						RAL GAS  Address (Give address to which approved copy of this form is to be sent)  Midland						
Enron OT&T												
Name of Authorized Transporter of Caringhead Galaffective 101783					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	Sec.	Twp.	Rge.	. Is gas actually connected? Whe			2 7				
If this production is commingled with that	(rom any oth	er lease or		s 38E	ing order num	her:				<del></del>		
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		d. Ready to	Prod		Total Depth	<u> </u>	l	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												
HOLE SIZE	SING & TU	BING	SIZE	DEPTH SET			SACKS CEMENT					
						<del></del>						
V. TEST DATA AND REQUES	T FOR A	LLOWA	BLE	<del></del>	<u> </u>							
OIL WELL (Test must be after re	covery of lo	tal volume e	of load	oil and must	be equal to or	exceed top allo	wable for this	depth or be fo	er full 24 hour	·s.)		
Date First New Oil Run To Tank	Producing Method (Flow, pump, gas lift, etc.)											
Length of Test	Tubing Pressure				Casing Pressure			Choks Size				
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.			Gas- MCF				
								<u> </u>				
GAS WELL												
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 ODED ATYON CENTRAL	ATTE OF	CO1 (T)	T F A >	ICE				<u> </u>				
VL OPERATOR CERTIFIC	_			NCE	(	DII CON	SERV		טוצועונ	ıNı		
I hereby certify that the rules and regulations of the Oil Conservation					OIL CONSERVATION DIVISION							
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					_ કહીક કરોલા							
A A		a vaid.			Date	Approve	t					
fully 14. June					By ORIGINAL SIGNED BY JERRY SEXTON							
Signature Kelly H. Baxter Owner					DISTRICT I SUPERVISOR							
Printed Name July 9, 1991		915-6	Title 582-	6191	Title	· · · · · · · · · · · · · · · · · · ·						
Date	<del></del>		phone I		H							

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.