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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-101 and C-102
Effective 1-1-65

Operator **Homer J Kyle**

Address **P.O. Box 387, Lovington, New Mexico 88260**

Reason(s) for filing (Check proper box) ☐ New Well ☐ Change in Transporter of ☐ Oil ☐ Dry Gas ☐ Recompletion ☐ Change in Ownership ☒ Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐ Other (Please explain)

If change of ownership give name and address of previous owner **Westall & Barr, P.O. Box 234, Loco Hills, New Mexico 88255**

DESCRIPTION OF WELL AND LEASE **NM 0392502**

Lease Name Federal A	Well No. 1	Pool Name, including Formation Chaveroo San Andres	Kind of Lease Federal	Lease No. Above
Location Unit Letter 0 ; 660 Feet From The South Line and 1980 Feet From The East Line of Section 24 Township 7S Range 32E , NMPM, Roosevelt County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Navajo Crude Oil Purchasing Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 175, Artesia, New Mexico 88210
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ Cities Service Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 300, Tulsa, Oklahoma 74102
If well produces oil or liquids, give location of tanks. Unit 0 Sec. 24 Twp. 7S Rge. 32E	Is gas actually connected? Yes When 9/20/1968

If this production is commingled with that from any other lease or pool, give commingling order number:

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.D.T.D.		
Elevations (DF, RKP, RT, CR, 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

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 Tanks	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/MCF	Gravity of Condensate
Testing Method (flow, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Homer J Kyle
Operator
(Signature)
(Title)
3/14/1981
(Date)

OIL CONSERVATION COMMISSION

APPROVED **3/14/1981**, 19
BY **Jerry Sexton**
TITLE **Exec. In Charge**

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the available tests taken on the well in accordance with RULE 111.
All portions of this form must be filled out completely for allowable on new and re-completed wells.
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of conditions.