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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
Superseding Old C-101 and C-102
Effective 1-1-65

Operator HOMER J. KYLE	
Address P.O BOX 387 LOVINGTON, NM 88260	
Reason(s) for filing (Check proper box)	
New Well ☐	Change in Transporter of ☐
Recompletion ☐	Oil ☒ Dry Gas ☐
Change in Ownership ☐	Casinghead Gas ☐ Condensate ☐

If change of ownership give name
and address of previous owner _____

I. DESCRIPTION OF WELL AND LEASE

Lease Name FEDERAL "A"	Well No. Pool Name, Including Formation 2 CHAVEROO SAN ANDRES	Kind of Lease State, Federal or FEDERAL	Lease No. NM392502
Location			
Unit Letter P	Feet From The South	Line and 660	Feet From The East
Line of Section 24	Township 7S	Range 32E	Roosevelt County

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ PRIDE PIPELINE CO	Address (Give address to which approved copy of this form is to be sent) PO DRAWER 2948 MIDLAND, TX 79702	
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐ Citrus Service	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 0	Sec. 24
	Twp. 7S	Rge. 32E
	Is gas actually connected? yes	
	When completion	

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

III. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Reservoir, P.H., R.P.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.D.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		

IV. 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

V. 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.


OPERATOR
(Date)
6/26/87

OIL CONSERVATION COMMISSION
APPROVED **JUL 7 1987**, 19_____
BY **ORIGINAL SIGNED BY JERRY SEXTON**
TITLE **DISTRICT I SUPERVISOR**

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 deviate tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowable on new and recompleted 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 condition.

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JUL 8 1967
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