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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 ☐

Other (Please explain)

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name FEDERAL "A"	Well No. 3	Pool Name, including Formation CHAVEROO SAN ANDRES	Kind of Lease State, Federal or FEDERAL	Lease No. NM392502
Location Unit Letter J ; 1980 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 ☐ 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 ☐ Cities 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	Soc. 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:

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Restv. Prod. Rate
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

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)

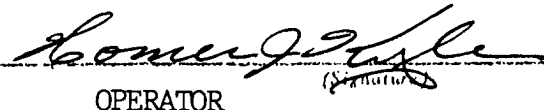
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Lbbs. 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.


OPERATOR

6/26/87

OIL CONSERVATION COMMISSION

APPROVED **JUL 7 1987**, 19

BY **ORIGINAL SIGNED BY JERRY JEXTON**
DISTRICT-1 SUPERVISOR

TITLE

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 complete 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 portions I, II, III, and IV for changes of owner, lease, or other such changes of ownership.

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