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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-1
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 ☐	Coalbed Gas ☐ Condensate ☐
Change in Ownership ☒	

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

DESCRIPTION OF WELL AND LEASE		NM 0392502	
Lease Name Federal A	Well No. 3	Pool Name, including Formation Chaveroo San Andres	Kind of Lease State, Federal or Fee Federal
Location		Lease No. Above	
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 ☐ 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 Mex. 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:

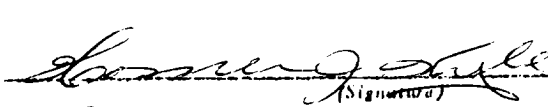
COMPLETION DATA			
Designate Type of Completion - (X)	Oil Well ☐ Gas Well ☐ New Well ☐ Workover ☐ Deepen ☐ Plug Back ☐ Same Reservoir ☐ Full, Re-		
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.)	Ratio of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations			Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE (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/MMCF	Gravity of Condensate
Testing Method (prior, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

CERTIFICATE OF COMPLIANCE	OIL CONSERVATION COMMISSION
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.	MAR 11 1981
 Operator	APPROVED _____, 19____
3/14/1981 (Date)	BY _____
	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 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 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 conditions.