

Submit 5 Copies  
Appropriate District Office  
DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico  
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

Form C-104  
Revised 1-1-89  
See Instructions  
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator K.C. RESOURCES, INC		Well API No. 30-025-00372
Address 2533 S. Hwy 101 #260 CARDIFF, CA 92007		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator RWK RESOURCES, INC		

II. DESCRIPTION OF WELL AND LEASE

Lease Name LEA "CR" STATE NCTX-A	Well No. 2	Pool Name, Including Formation N. ANDERSON RANCH CISCOCANYON	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter 0 : 3300 Feet From The South Line and 1980 Feet From The East Line Section 2 Township 16S Range 32E, NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) SHELL PO BOX 1910 Midland, TX 79701					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) CONOCO PO BOX 460, Hobbs, NM 88240					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When?
	0	2	16S	32E		

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

I	OPER. OGRID NO. 122912	Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date	PROPERTY NO. 15217	Depth	P.B.T.D.				
Elev	POOL CODE 1360	1/2 Gas Pay	Tubing Depth				
Perf	EFF. DATE 6-23-94	Depth Casing Shoe					
	API NO. 30-025-00372						
TUBING, CASING AND CEMENTING RECORD							
				DEPTH SET		SACKS CEMENT	
O-TRNSP. OGRID NO. 20667				NTR			
G-TRNSP. OGRID NO. 5097				2218150			

V. 1	OIL POD NO. 2218110	to or exceed top allowable for this depth or be for full 24 hours.)	
OIL	GAS POD NO. 2218130	ig Method (Flow, pump, gas lift, etc.)	
Date			
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 (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

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

Signature  
REINER KLAWITER PRESIDENT  
Printed Name  
12-3-93 (619) 943-8448 Title  
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved JUN 23 1994  
By  
ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR  
Title

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.