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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 KINLAW OIL CORPORATION		Well APT No. 30-025-05249
Address 1355 NOEL RD, 11TH FLOOR DALLAS, TX 75240		
Reason(s) for Filing (Check proper box) ☐ Other (Please explain)		
New Well ☐	Change in Transporter of: EFFECTIVE 10-22-93	
Recompletion ☐	Oil ☐ Dry Gas ☐	
Change in Operator ☒	Oilfield Gas ☐ Condensate ☐	
If change of operator gives name and address of previous operator PENROCK OIL CORPORATION P.O. BOX 5970 HOBBS NM 88241		

II. DESCRIPTION OF WELL AND LEASE

Lease Name MEXICO 'F'	Well No. 4	Pool Name, including Formation SWD DENTON DEWYHAN	Kind of Lease ☒ Lease, Federal or Fee	Lease No. B 8944
Location Unit Letter D : 660 Feet From The NORTH Line and 660 Feet From The WEST Line Section 2 Township 15S Range 37E , NMPM. County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Oilfield Gas ☒ or Dry Gas ☐	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	Sec.
	Twp.	Rge.
	Is gas actually connected? When?	

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	First Prod.	Shut-in Rec'd	Oil Rec'd
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevation (D.F., A.K.S., RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Fwy		Tubing Depth			
Particulars					Depth Casing Since			
TUBING, CASING AND CEMENTING RECORD								
HOLES SIZE	CASING & TUBING SIZE		DEPTH SET		BACKS CEMENT			

V. 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 Tank	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	Min. Condensate/MCF	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 *[Signature]*
Printed Name **MIKE HILL** Title **V.P.**
Date **10/28/93** Telephone No. **512-454-4736**

OIL CONSERVATION DIVISION

Date Approved **OCT 29 1993**

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.