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Appropriate District Office
GISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

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

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

## **OIL CONSERVATION DIVISION**

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

I.

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I	TO TRA	NSPORT OIL	AND NA	TURAL GA	\S				
Operator			Well A			Pl No.			
Kaiser-Francis Oil Con	mpany								
Address	OT 7/101	1.460							
P. O. Box 21468, Tulsa	a, OK 74121-	-1468		(D)	• •				
Reason(s) for Filing (Check proper box) New Well	Change in	T	∐ Oth	er (Please expla	un)				
New Well Change in Transporter of:  Recompletion Oil X Dry Gas Effective 3/1/91									
Change in Operator	Casinghead Gas	Condensate				0, -, , -			
If change of operator give name	Crossing Code [	CONGCHARCE [				<del> </del>			
and address of previous operator									
II. DESCRIPTION OF WELL	AND LEASE								
Lease Name	Well No.	Pool Name, Includi	ng Formation		Kind	of Lease	L	ease No.	
State 8	4	Townsend	-	Upper Per		Federal or Fe			
Location	<del></del>	1					·	************	
Unit LetterH	. 2310	Feet From The $\frac{N0}{2}$	Orth Lin	6 and	60 <b>.</b>	et From The	East	1:	
ome some	- •	rearion ine		C 400	re	et rioin The		Line	
Section 8 Township	p 16S	Range 351	E , N	мрм,	1	Lea		County	
	FOTT Fr	ergy Corp.		<del></del>					
III. DESIGNATION OF TRAN	SPORTER OF O	il and natu	RAL GAS						
Name of Authorized Transporter of Oil	X Western	E 1-1-32	Address (Giv	e address to wh	ich approved	copy of this f	orm is to be se	ent)	
Enron Oil Trading & Transportation Company				Box 1188, Houston, TX 77251-1188					
Name of Authorized Transporter of Casinghead Gas X or Dry Gas				Address (Give address to which approved copy of this form is to be sent)					
Warren Petroleum Corp.				P. O. Box 1589, Tulsa, OK 74102					
If well produces oil or liquids, Unit Sec. Twp. Rge.			Is gas actually connected? When ?						
- 	G 8	16S 35E		Yes	I	<u></u>	ı/a		
If this production is commingled with that f IV. COMPLETION DATA	from any other lease or	pool, give commingl	ing order num	ber:				····	
IV. COMPLETION DATA	louv.		1 <del></del>	1				···	
Designate Type of Completion	- (X)	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready to	Pmd	Total Depth	<u></u>	l	DDTD	<u> </u>		
	200 000	Date Compi. Ready to Flod.					P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation			Top Oil/Gas Pay			Tubing De-	Tubica Dough		
i and or reading termination						Tubing Depth			
Perforations		<del></del>	I			Depth Casin	g Shoe		
							6 5		
	TUBING.	CASING AND	CEMENTI	NG RECOR	D	<u> </u>			
HOLE SIZE CASING & TUBING SIZE				DEPTH SET	<u> </u>	9	SACKS CEMENT		
							· · · · · · · · · · · · · · · · · · ·		
V. TEST DATA AND REQUES	T FOR ALLOWA	ABLE	-						
	ecovery of total volume	of load oil and must					for full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Test		Producing M	thod (Flow, pu	mp, gas lift, e	tc.)			
	<u> </u>								
Length of Test	Tubing Pressure	Casing Pressure			Choke Size	Choke Size			
Asset Dad Dad Too	Prod. During Test Oil - Bbls.		Water - Bbis.			Gas- MCF			
Actual Prod. During Test									
	<u> </u>		L			1		-	
GAS WELL									
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF			Gravity of Condensate				
	g Method (pitot, back pr.)  Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)						
Testing Method (pitot, back pr.)						Choke Size			
	<u> </u>					<u>L.,</u>			
VI. OPERATOR CERTIFICA	ATE OF COMP	LIANCE			IOEDV.	ATION		<b></b> .	
I hereby certify that the rules and regula			11	DIL CON	IOEK V				
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.				MAR 0 4 1991					
	monroge and better.		Date	Approve	d				
C. Pan Pacha L				OKIGONAL TOWNED BY AFRAY SEXTEN					
Signature Signature			By_	ByBy					
Signature () Ch <u>arlotte Van V</u> alkenbur	g, Technical	Coordinato	11	<del></del>					
Printed Name		Title	]   Title					1.050	
2/27/91	918-49		Title				<del></del>		
Date	Tele	phone No.							

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.