Submit 5 Copies
Appropriate District Office
DISTRICT 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

37

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I	1	OTRA	NSP	ORT O	L AND N	ATURAL G	AS	-				
perator						Well			API No.			
Bristol Resources Corporation									30-025-09873			
Address							· · · · · · · · · · · · · · · · · · ·					
6655 S. Lewis, Ste. 2	00 Tu:	sla, 0	K 74	136								
Reason(s) for Filing (Check proper box)						ther (Please exp	lain)					
New Well		Change in	-									
Recompletion	Oil	_	Dry G			Change i	n opera	ator effe	ective 6	/1/90		
Change in Operator X	Casinghead	I Gas	Conde	nsate								
If change of operator give name and address of previous operator Oak	land Pet	troleu	m Op	erating	co., I	Inc. 8801	S. Yal	e. Ste.	150 Tu1	sa, OK 74		
										, , , ,		
II. DESCRIPTION OF WELL Lease Name												
Kelly State	Well No. Pool Name, Includi				- I -			d of LeaseState Lease No.				
Location	1 South Den				nton (Devonian) State				E-566			
Unit Letter P	: 560		Feet F	rom The	South L	ne and56	0	Feet From The	_East_	Line		
Section 35 Township 15-S Range 37-E , NMPM, Lea County										County		
III DECICALATION OF THE ASS	CD/Marie) AE A-		190 S. 1	m	•						
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil				U NATU			1.1					
- [A]						Address (Give address to which approved copy of this form is to be sent) P. O. Box 1188, Houston, TX 77251						
Enron Oil Trading & Transportation Company 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) 211 N. Colorado, Midland, TX 79701							
If well produces oil or liquids,	J.L. Davis (Denton Plant Account) Well produces oil or liquids, Unit Sec. Twp. Rge.											
give location of tanks.						1						
If this production is commingled with that i							1	8-29-57				
IV. COMPLETION DATA		Oil Well		Gas Well	New Well		l p	I Mare Parala	Ia p. 1	bies i		
Designate Type of Completion -	· (X)		i '	Oas Well	New Well	Workover	Deepen	I Plug Back	Same Res'v	Diff Res'v		
Date Spudded	Date Compl. Ready to Prod.				Total Depth			P.B.T.D.	1	- I		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Dep	Tubing Depth			
Perforations								Depth Casir	Depth Casing Shoe			
	71	IDINIC A	CACT	NC AND	CITA (ITA ITI	DIG DEGOD		<u></u>				
HOLE SIZE	TUBING, CASING AND				CEMENT							
HOLL SIZE	CASING & TUBING SIZE				DEPTH SET			 ;	SACKS CEM	ENT		
									···			
V. TEST DATA AND REQUES OIL WELL (Test must be after re				oil and must	be equal to or	r exceed ton all	owable for th	is denth or he	for full 24 hou			
y system to the of total or and made						be equal to or exceed top allowable for this depth or be for full 24 hours.) Producing Method (Flow, pump, gas lift, etc.)						
					O 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							
Length of Test	Tubing Pressure				Casing Pressure			Choke Size	Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF	Gas- MCF			
GAS WELL					L			1				
Actual Prod. Test - MCF/D	Length of Te	et			Dhie C3	ente A A ICE		10	d			
Lengui Ot 1684					Bbis. Conder	IN MINISTER		Gravity of C	Gravity of Condensate			
esting Method (pilot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size	Choke Size			
VI OPERATOR CERTIFICA	TE OF	COMPT	TAN	ICE	lr			_l				
VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation					OIL CONSERVATION DIVISION							
Division have been complied with and that the information given above												
is true and complete to the best of my knowledge and belief.					Date ApprovedJUN 2				N 27	100n		
	1				Dale	whhi and	u		11 6/1	1 33 4		
Dusan Distly												
Signature					By ORIGINAL SIGNED BY JERRY SEXTON							
Susan Dipley Adn	ninis t ra			<u>rvis</u> or			DISTRICT	1 Supervis	OR			
6/20/90	,	1 (918)	Title 402-	7000	Title					-		
Date			192- none N									

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.