		-								
		1								
	DISTRIBUTION	NEW ME	EW MEXICO OIL CONSERVATION COMMISSION							
	SANTA FE		REQUEST FOR ALLOWABLE					Form C-104		
	FILE	LE			AND				Supersedes Old C-104 and C Effective 1-1-65	
	AUTHORIZATION TO TI				COIL AND	NATUDAL C	: A C			
	LAND OFFICE					MATURAL ()A3			
	TRANSPORTER OIL		REC	CEIMED	BY					
	GAS	GAS		ļ					•	
	OPERATOR		FEE		3 14 1986					
ı.	PRORATION OFFICE									
	Operator			D. C. D.						
	Kaneb Operating Comp	pany, Ltd.	v l+d		re					
	Address		481	ARTESIA, OFFICE						
	400 Wilco Building	Midland, Texa	s 7970	1-4466						
	Reason(s) for filing (Check proper box)				Other (Pleas	e explain)				
	New Weil	Change in Transporte	er of:	- Johange operator in			name from	m Kaneb	Energy	
	Recompletion				Dry Gas Company to Kaneb Op				ny, Ltd.	
	Change in Ownership	Casinghead Gas	Conde	nsate	effecti	ve Februar	y 7, 19	86.	• •	
	If change of ownership give name									
	and address of previous owner									
11.	DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including Formation Kind of Lease									
	_	Well No. Pool Name							Lease No.	
	Gann Location	<u> 1 Caudil</u>	1 Caudill Missis		sippian		State, Federal or Fee Fee			
				,						
	Unit Letter D : 860 Feet From The NOTTh Line and 990 Feet From The West									
	Line of Section 9 To	ownship 15-S	Range	36-E	, NMPN	4. Lea			County	
III.	DESIGNATION OF TRANSPOR		TURAL GA							
	Rame of Authorized Transporter of On	i or Condensate (Address	Give address	to which approv	ed copy of th	iis form is to	be sent)	
	Name or Authorized Transporter of Co	Gas TX								
	·	Address (Give address to which approved copy of this form is to be sent)								
	Warren Petroleum Company P. O. Box 1589 Tulsa, Oklahoma 74102								02	
	If well produces oil or liquids, Unit Sec. Twp. Age. Is gas actually connected? When									
	Qive location of tanks. D 9 15S 36E Yes Sept. 27, 1982									
	If this production is commingled w	ith that from any other lea	se or pool,	give comm	ningling orde	r number:			ř.	
IV.	COMPLETION DATA	Oil Well	Gas Well	New Weli	Workover	Deepen	Plua Back	Te	I D. (4 D 4	
	Designate Type of Completi	on $-(X)$	Jas well	I We will	HOIROVEI	Deepen	Plug Back	Same Resid	. Diff. Rest	
	Date Spudded	Date Compl. Ready to Pro	d.	Total Dep	th.	<u> </u>	P.B.T.D.		_	
			-							
	Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Format	ion	Top Oil/Gas Pay			Tubing Depth			
	•									
	Perforations							Depth Casing Shoe		
	TUBING, CASING, AND CEMENTING RECOR						· · · · · · · · · · · · · · · · · · ·			
	HOLE SIZE	CASING & TUBING		DEPTH SET			SACKS CEMENT			
				i						
V.	TEST DATA AND REQUEST F	OR ALLOWABLE (Te	st must be a	fter recover	y of total volu	me of load oil a	nd must be e	qual to or exc	ceed top allo	
	OIL WELL	pth or be for full 24 hours)								
	Date First New Cil Run To Tanks		Producing Method (Flow, pump, gas lift. etc.)							
	-			<u> </u>						
- 1	Length of Test	Tubing Pressure		Casing Pr	-essure		Choke Size			
					<u> </u>					
-	Actual Prod. During Test	Oil-Bble.		Water-Bbls. Ga			Gas-MCF	Gde - MCF		
l		1								
	TAC HET T									
,	Actual Prod. Test-MCF/D	It much of Total	I Bhile Contracts 0.00CF			Comply of Condesses				
	Actual Prod. 1981+MCF/D	Length of Test		Bbis. Condensate/MMCF			Gravity of Condensate			
	eting Method (pitot, back pr.) Tubing Pressure (shut-in)		Carlos Bassacce (Ship) 4-1			Choke Size				
	. esting method (pitot, pack pr.)	hand Liesene (2005-78)		Casing Pressure (Shut-in)						
ا	SERVICIONES OF COURT IN CO.			<u> </u>						
1	ERTIFICATE OF COMPLIANCE			OIL CONSERVATION COMMISSION						
				APR 2 3 1986						
	hereby certify that the rules and regulations of the Oil Conservation commission have been complied with and that the information given bove is true and complete to the best of my knowledge and belief.									
				BY ORIGINAL SIGNED BY IERRY CENTEN						
				DISTRICT I SUPERVISOR						
					TITLE TOWN					
	Lita D. Source				This form is to be filed in compliance with RULE 1104.					
9	Kille N. Anunan				If this is a request for allowable for a newly drilled or deepenewell, this form must be accompanied by a tabulation of the deviation					
	(Signature)			wall th	is form must	be accompanional behaviors to be according to the second contract to	ied by a tab	sulation of t	ne deviatio	
	Division Production Manager			I CARCE (F	van on tua ,	THE SECOND	P			

All sections of this form must be filled out completely for allow able 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 condition

Separate Forms C-104 must be filed for each pool in multiple

(Title)

(Date)

Division Production Manager

February 10, 1986

RECEIVED 1986