

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

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

OIL CONSERVATION DIVISION

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Kaiser-Francis Oil Company	Well API No. 3D-025-31249
Address P. O. Box 21468, Tulsa, OK 74121-1468	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name T.C.H. Ranch 6	Well No. 1-6	Pool Name, Including Formation Hume - Atoka Gas	Kind of Lease <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal or Fee	Lease No. LG-0030 & LG-3974
Location Unit Letter X : 660 Feet From The South Line and 660 Feet From The East Line Section 6 Township 16S Range 34E, NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Enron Oil Trading & Transp.	Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Natural Gas PL of America	Address (Give address to which approved copy of this form is to be sent) P. O. Box 283, Houston, TX 77001					
If well produces oil or liquids, give location of tanks.	Unit X	Sec. 6	Twp. 16S	Rge. 34E	Is gas actually connected? No Yes	When? WOPL 9-16-91
If this production is commingled with that from any other lease or pool, give commingling order number					NSP-1039	

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
		X	X					
Date Spudded 6/7/91	Date Compl. Ready to Prod. 8/1/91		Total Depth 12600		P.B.T.D. 12477			
Elevations (DF, RKB, RT, GR, etc.) 4152 Gr.	Name of Producing Formation Atoka		Top Oil/Gas Pay 12396		Tubing Depth 12309			
Perforations 12396-12422					Depth Casing Shoe 12600			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2	13 3/4		425		450			
11	8 5/8		4500		2000			
7 7/8	5 1/2		12600		780			

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 414	Length of Test 4 hrs.	Bbls. Condensate/MMCF 12	Gravity of Condensate 56.1
Flowing Method (pilot, back pr.) Orifice meter	Tubing Pressure (Shut-in) 2010	Casing Pressure (Shut-in) Pkr.	Choke Size 32/64

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
Charlotte Van Valkenburg, Tech. Coordinator
Printed Name
8/29/91
Date
918-491-4314
Telephone No.

OIL CONSERVATION DIVISION

Date Approved _____
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. Separate Form C-104 must be filed for each pool in multiply completed wells.