Submit 5 Copies
Appropriate District Office
EISTRICT 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

Well API No.

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

Operator

Ch

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Kaiser-Francis Oil C	ompany						30-02.	5-24	13/
Address									
P. O. Box 21468, Tul		74121-	-1468						
Reason(s) for Filing (Check proper box) New Well		Change in	T	4 am a Ci	Other (Please exp	lain)			
Recompletion	Oil		Dry Gas		Eff	ective :	3/1/91		
Change in Operator	Casinghe		Condens						
change of operator give name				ري		·			 ,
nd address of previous operator									
I. DESCRIPTION OF WELI	AND LE	ASE							
Lease Name		Well No.	1		ing Formation		of Lease	1	ease No.
McElvain Federal		1	E-K	(Bone	Spring)	State,	Federal or Fee	NM-02	2452
ocation Unit LetterJ	:1	980	_ Feet Fro	m The	East Line and 19	980 F	eet From The _	South	Line
Section 30 Towns	hip 1	8S	Range	341	E , NMPM,		Lea		County
10/144	p		Kango		, 111111111,		Bea		County
II. DESIGNATION OF TRA	NSPORTI	er ala	LAN	NATU	RAL GAS				
SALLIE OF ALLEGOTIZED ITALISTRATE OF CAL		OT LODOWA	reate A		Address (Give address to w	vhich approved	copy of this for	rm is to be se	ent)
Enron Oil Trading &	Transpo	HAREO!	i tom	any	Box 1188, Hous				
name of Authorized Transporter of Casi	nghead Gas	X	or Dry (Gas	Address (Give address to w				ent)
Conoco, Inc.			ì	. 	P. O. Box 2197			252	
f well produces oil or liquids, ive location of tanks.	Unit I J	Sec.	Twp. 1 18S	Rge. 134E	Is gas actually connected?	When	1? 6/15/	775	
this production is commingled with the			<u> </u>	J		L	0/13/	13	
V. COMPLETION DATA									
Designate Type of Completion	n - (X)	Oil Well	l G	as Well	New Well Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Com	ipl. Ready to	Prod.		Total Depth		P.B.T.D.		.1
evations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay		Tubing Douth		
levations (DF, RKB, RT, GR, etc.)	Name of F	Producina Fa	omation		LOD OWGAS PAY		Tuking Dansk		
levations (DF, RKB, RT, GR, etc.)	Name of F	Producing Fo	ormation		Top Oil/Gas Pay		Tubing Depth	1	
	Name of I	Producing Fo	ormation		Top Oil/Oas Pay		Tubing Depth Depth Casing		
Perforations		TUBING,	CASIN		CEMENTING RECO		Depth Casing	Shoe	
			CASIN				Depth Casing		ENT
erforations		TUBING,	CASIN		CEMENTING RECO		Depth Casing	Shoe	ENT
Perforations		TUBING,	CASIN		CEMENTING RECO		Depth Casing	Shoe	ENT
Perforations		TUBING,	CASIN		CEMENTING RECO		Depth Casing	Shoe	ENT
Perforations HOLE SIZE	CA	TUBING, ASING & TU	CASIN JBING S		CEMENTING RECO		Depth Casing	Shoe	ENT
HOLE SIZE TEST DATA AND REQUE	CA CA EST FOR A	TUBING, ASING & TU	CASIN JBING SI	IZE	CEMENTING RECOIDEPTH SE	Т	Depth Casing	Shoe	
HOLE SIZE HOLE SIZE TEST DATA AND REQUE TEST DATA (Test must be after	CA CA EST FOR A	TUBING, ASING & TU ALLOW Otal volume	CASIN JBING SI	IZE	CEMENTING RECO	T lowable for th	Depth Casing So	Shoe	
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- 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.