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Appropriate District Office
ISTRICT/I
1.O. Box 1980, Hobbs, NM 88240

O. Box 1980, Hobbs, NM 88240 DISTRICT II O. Drawer DD, Artesia, NM 88210 State of New Mexico
Energy, Amerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator						Well A	API No.			
Kaiser-Francis Oil Company							30-025-25188			
Address P. O. Box 21468, Tul	sa, OK 7412	21-14	68							
Reason(s) for Filing (Check proper box)				Oth	er (Please expla	in)				
New Well	-		nsporter of:			. س	01-1			
Recompletion Oil & Dry Gas					Effective 3/1/91					
Change in Operator Change of operator give name	Casinghead Gas	<u></u> C∞	ndensate							
nd address of previous operator				······································	· · · · · · · · · · · · · · · · · · ·					
I. DESCRIPTION OF WELI		····		····						
Lease Name		Well No. Pool Name, Including			- 1 -			d of Lease Leas Le, Federal or Fee NM-02		
McElvain-Federal	2	E	-K (Bone	Spring)			ate, federal or Fee NM-02452			
Location Unit LetterB	:660	Fe	st From TheN	orth Lin	e and198	30 Fe	et From The _	East	Line	
Section 31 Towns	hip 18S	Ra	nge 34E	, NI	мрм,		Lea		County	
II. DESIGNATION OF TRA	NSPORTER OF	OH.	AND NATII	RAT. GAS						
Name of Authorized Transporter of Oil		ndensate		Address (Give address to which approved copy of this form is to be sent)						
Enron Oil Trading & Transportation Company					Box 1188, Houston, TX 77251-1188					
Name of Authorized Transporter of Casinghead EOTT Energy Corp.					Address (Give address to which approved copy of this form is to be sent)					
Conoco, Inc.			1_02		Box 2197,					
If well produces oil or liquids,	Unit Effective	ле H2	195 Rge.	ls gas actuall	y connected?	When	?			
give location of tanks.	location of tanks. B 31 18S 34E					Yes n/a				
I this production is commingled with the IV. COMPLETION DATA			, give commingl	ing order num						
Designate Type of Completion	n - (X)	Well	Gas Well	New Well	Workover 	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl. Rea	dy to Pro	d.	Total Depth	•	·	P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producir	Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth		
Perforations								Depth Casing Shoe		
		TUBING, CASING AND						T		
HOLE SIZE	CASING	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT		
							ļ <u>.</u>			
										
V. TEST DATA AND REQUI				1			- J. J	£.U.3		
Date First New Oil Run To Tank	Date of Test	wne of lo	xaa ou and musi		exceed top alloethod (Flow, pu			or Juli 24 hou	vs.)	
Date First New Oil Rull 10 Talls	Date of Test			Froducing M	culou (riow, pu	mp, gus iyi, i	:16.)			
Length of Test	Tubing Pressure	Tubing Pressure			ıre		Choke Size			
-										
Actual Prod. During Test	Oil - Bbls.	Oil - Bbls.			Water - Bbls.			Gas- MCF		
GAS WELL				<u> </u>		·····				
Actual Prod. Test - MCF/D	Length of Test			Bbls. Conder	sale/MMCF	·	Gravity of C	ondensate		
	and the state of t	Longui or toot			Bbls. Condensate/MMCF			Gravity of Condensate		
Testing Method (pitot, back pr.)	Tubing Pressure	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size		
VI. OPERATOR CERTIFI	CATE OF CO	MPLI	ANCE		211 22:	1055		D. 11.01.		
I hereby certify that the rules and reg					DIL COV	ISERV	ATION	DIVISIO	NC	
Division have been complied with and that the information given above				MADOA				1 100.	,	
is true and complete to the best of my knowledge and belief.				Date Approved			MAR 0 4 1991			
() In 7	611	/			, _[
Signature/	unly	or	ug-	∥ By_						
Charlotte Van Valkenburg, Technical Coordinat					11					
Printed Name Title					ŬN.	Desta	ici i comb	(\$15) / Fillion	(3°)	
2/27/91	918-491-			Title				र मध्या		
Date		Telepho	ne 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,