Submit 5 Copies
Appropriate District Office
EISTRICT:1
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

## OIL CONSERVATION DIVISION

P.O. Box 2088

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

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

Santa Fe, New Mexico 87504-2088

I.	REQ						AUTHORI TURAL G				
Operator	7410117	Well API No.									
Kaiser-Francis Oil Co					30-625-25188						
Address P. O. Box 21468, Tuls	a, OK	74121-	-1468								
Reason(s) for Filing (Check proper box)						Oth	er (Please expl	ain)			
New Well	0:1	Change in			٦		r	ffective	2/1/01		
Recompletion	Oil Casingh	ead Gas	Dry Ga	_	<u>ק</u>		£	TIECTIVE	3/1/91		
If change of operator give name and address of previous operator					<del>-</del> _	***				<del></del>	<del></del>
•	ANIDIT	EA OF									<del></del>
II. DESCRIPTION OF WELL AND LEASE  Lease Name Well No. Pool Name, Including the Name of Name o						ng Formation		Kind	of Lease No.		
McElvain-Federal						-		State,	ederal or Fee NM-02452		
Location		660			B.T	1-1	1.0	0.0		T .	
Unit Letter B	_ :	660	_ Feet Fr	rom The	N	Orth Lin	e and19	80 Fe	et From The _	East	Line
Section 31 Townshi	p 18	S	Range	3	34E	, N	мрм,		Lea		County
III. DESIGNATION OF TRAN	CDODT	ED OF C	ATT A NI	י אות חו	rtit	DAT CAS					
Name of Authorized Transporter of Oil	X	or Conde			101		ve address to w	hich approved	copy of this fo	rm is to be se	ini)
Enron Oil Trading & Transportation Company						Box 1188, Houston, TX 77251-1188					
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) P. O. Box 2197, Houston, TX 77252					
Conoco, Inc.  If well produces oil or liquids,	Unit Sec. Twp.			p. Rge.		Is gas actually connected?			When?		
give location of tanks.	В	<u>j</u> 31	18S	34E			Yes		n/a	a	
If this production is commingled with that IV. COMPLETION DATA	from any o	ther lease or	pool, giv	ve commi	ingli	ng order num	ber:				
IV. COM EDITOR DATA		Oil Wel	1 1	Gas Well		New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Designate Type of Completion		_i	i_	-							l l
Date Spudded	Date Cor	npl. Ready t	o Prod.			Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					-	Top Oil/Gas	Pay		Tubing Depth		
Perforations											
1 01101 00010									Depth Casing	g Shoe	
		TUBING	, CASI	NG AN	ID (	CEMENTI	NG RECOR	SD.	1		
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE						DEPTH SET		SACKS CEMENT		
								· · · · · · · · · · · · · · · · · · ·			
7							<del></del>				
V. TEST DATA AND REQUES	T EOD	411011	ADLE								
OIL WELL (Test must be after r					านระ	be eaual to or	exceed top all	owable for thi	s denth or he fo	or full 24 hou	rs)
Date First New Oil Run To Tank	Date of T						ethod (Flow, p				
Length of Test	Tubing Program				Casing Press		<del> </del>	Choke Size			
Length of Text	Tubing Pressure					Casing Fices	uic		Choke Size		
Actual Prod. During Test	Oil - Bbls.					Water - Bbis.			Gas- MCF		
OAC MEN	<u> </u>							· · · · · · · · · · · · · · · · · · ·	<u> </u>		
GAS WELL Actual Prod. Test - MCF/D	Length o	Test	·		<del></del>	Bbls. Conder	sale/MMCF		Gravity of C	ondensate	
	- Control of the cont					WOOD COMMON THEFT OF			Gravity of Condensate		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFIC	ATEO	E COM	OT TAN	JCE							
I hereby certify that the rules and regul				NCE		(	DIL CON	NSERV.	NOITA	DIVISIO	N
Division have been complied with and	that the inf	ormation giv		e							
is true and complete to the best of my knowledge and belief.						Date Approved					
C. Jan Palle ton						_					
Signature	· · / · ·		1 -	0							<del> </del>
Charlotte Van Valkenb	urg, T	echnic	<u>al Co</u> Title	ordin	ıat	11					3
2/27/91 Date	918-	491-43	14	Jo.	_	ll ille		,	<del></del>		

## 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.