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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

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

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
Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator K.C RESOURCES, INC	Well API No. 30-025-26299
Address 2533 S. HWY 101 #260 CARDIFF, CA 92007	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator RWK RESOURCES, INC	

effect 12/92

II. DESCRIPTION OF WELL AND LEASE

Lease Name LEA "YH" STATE	Well No. 2	Pool Name, Including Formation AIRSTRIPE BONE SPRINGS	Kind of Lease State Federal or Fee	Lease No.
Location Unit Letter P : 660 Feet From The South Line and 660 Feet From The East Line Section 25 Township 18S Range 34E , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> KOCH OIL CORP, a div. of Koch Ind	Address (Give address to which approved copy of this form is to be sent) P.O BOX 3609 Midland, Tx 79702					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When ?

If this production is commingled with that from any other lease or pool, give commingling order number:

IV.

OPER. OGRID NO.	122912
PROPERTY NO.	15142
POOL CODE	960
EFF. DATE	6-23-94
API NO.	30-025-26299

Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Depth	P.B.T.D.				
1/4 Gas Pay	Tubing Depth				
Depth Casing Shoe					

TESTING RECORD

O-TRNSP. OGRID NO.	12849	DATE	2218150
G-TRNSP. OGRID NO.			
OIL POD NO.	2218110		
GAS POD NO.	2218130		

DEPTH SET	SACKS CEMENT

OIL

Date		to or exceed top allowable for this depth or be for full 24 hours.) Testing 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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. 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 **Reiner Klawiter**
Printed Name **REINER KLAWITER** Title **PRESIDENT**
Date **12-3-93** Telephone No. **(619) 943-8448**

OIL CONSERVATION DIVISION

Date Approved **JUN 23 1994**
By **JERRY SEXTON**
Title **DISTRICT I SUPERVISOR**

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.