

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

OIL CONSERVATION DIVISION

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator K.C RESORUCES, INC		Well API No. 30-025-26562
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		

II. DESCRIPTION OF WELL AND LEASE

Lease Name LEA "YH" STATE	Well No. 3	Pool Name, Including Formation AIRSTRIIP BONE SPRING	Kind of Lease (State, Federal or Fee)	Lease No.
Location Unit Letter J 1980 Feet From The SOUTH Line and 1980 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. COMPLETION DATA

Desi	OPER. OGRID NO. 122912	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Sp	PROPERTY NO. 15142	P.B.T.D.				
Elevation	POOL CODE 960	Pay				
Perforati	EFF. DATE 6/23/94	Tubing Depth				
	API NO. 30-025-26562	Depth Casing Shoe				

TUBING CASING AND CEMENTING RECORD

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

V. TEST	or exceed top allowable for this depth or be for full 24 hours.)
OIL W	Method (Flow, pump, gas lift, etc.)
Date Fin	

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 PRESIDENT

Printed Name Title

12-3-93 (619) 943-8448

Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved JUN 23 1994

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.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.