

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. RESOURCES, INC	Well API No. 30-025-26687
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. 4	Pool Name, Including Formation AIRSTRIPE BONE SPRING	Kind of Lease State/Federal or Fee	Lease No.
Location Unit Letter I 1980 Feet From The S Line and 990 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, div. of KOCH Ind.	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 3609 MIDLAND, TX 79712					
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 ?

OPER. OGRID NO. 122912
PROPERTY NO. 15142
POOL CODE 960
EFF. DATE 6-23-94
API NO. 30-025-26687

Order number:					
Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Depth	P.B.T.D.				
Oil/Gas Pay	Tubing Depth				
	Depth Casing Shoe				

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

IDENTIFYING RECORD	
DEPTH SET	SACKS CEMENT

Date of Test	Length of Test	Actual Prod. During Test	Tubing Pressure	Oil - Bbls.	Casing Pressure	Water - Bbls.	Grav. of Condensate
Producing Method (Flow, pump, gas lift, etc.)				Choke Size			

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Grav. 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
Date 12-3-93 Telephone No. (619) 943-8448

OIL CONSERVATION DIVISION

JUN 23 1994

Date Approved
By
Title
ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- Separate Form C-104 must be filed for each pool in multiply completed wells.