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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

I. Operator
KAISER-FRANCIS OIL COMPANY

Address
P.O. BOX 21468 TULSA, OKLAHOMA 74121-1468

Reason(s) for filing (Check proper box) Other (Please explain)

New Well	☐	Change in Transporter of:		CHANGE OF OWNERSHIP	4-1-84
Recompletion	☐	Oil	☐	CHANGE OF OPERATOR	7-1-84
Change in Ownership	☒	Casinghead Gas	☐		
		Dry Gas	☐		
		Condensate	☐		

If change of ownership give name and address of previous owner
AMINOIL INC., 8000 E. MAPLEWOOD AVE., STE. 333, ENGLEWOOD CO., 80111

II. DESCRIPTION OF WELL AND LEASE

Lease Name	FEDERAL "30"	Well No.	2	Pool Name, Including Formation	GEM MORROW	Kind of Lease	FEDERAL	Lease No.	NM 073240
Location									
Unit Letter	K	2310	Feet From The	SOUTH	Line and	1980	Feet From The	WEST	
Line of Section	30	Township	19 SOUTH	Range	33 EAST	NMPM,	LEA	County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒	KOCH OIL COMPANY		Address (Give address to which approved copy of this form is to be sent)		P.O. BOX 3609, MIDLAND, TEXAS 79702	
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒	EL PASO NATURAL GAS COMPANY		Address (Give address to which approved copy of this form is to be sent)		P.O. BOX 1492, EL PASO, TEXAS 79978	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	K	30	19S	33E	YES	5-26-82

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

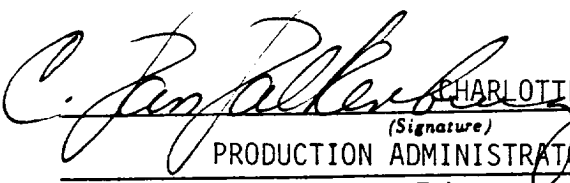
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

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. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.


CHARLOTTE VAN VALKENBURG
(Signature)
PRODUCTION ADMINISTRATOR
(Title)
5-3-84
(Date)

OIL CONSERVATION COMMISSION

MAY 8 1984

APPROVED _____, 19 _____

BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

TITLE _____

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

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MAY 27 1984
C.C.D.
HOBBS OFFICE