Sub-mit 5 Copies
Appropriate District Office
BISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

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

State of New Mexico Ene., Minerals and Natural Resources Department Form C-104 Revised 1-1-89 See Instructions

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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

I.		O TRA	NSP	ORT OIL	AND NA	TURAL G	AS				
Operator Kaiser-Francia	Well A			API No. 30	API No. 30-025-31591						
Address P. O. Box 214	68, Tul	sa, OK	741	21-1468	3			*		· · · · · · · · · · · · · · · · · · ·	
Reason(s) for Filing (Check proper box) New Well Recompletion Change in Operator Casinghead Gas Condensate C											
If change of operator give name and address of previous operator	- 								<u> </u>		
Lease Name Crazy Horse 30 Federal Location Well No. Pool Name, Including Geronismo (Caracterismo (C								of Lease Federal or Fe	of Lease Lease No. Federal or Fee		
Unit Letter	:	460	Feet Fr	rom The	South Lin	e and1	980 F	eet From The	West	Line	
Section 30 Township	19	S	Range	33I	<u> </u>	мрм,		Lea		County	
III. DESIGNATION OF TRANS				D NATU		10 mdd 4-	L	d f . l . l	falani da A. A.	1	
Name of Authorized Transporter of Oil x or Condensate Enron Oil Trading & Transportation					Address (Give address to which approved copy of this form is to be sent) P. O. Box 1188, Houston, TX 77251-1188						
Name of Authorized Transporter of Casinghead Gas or Dry Gas					Address (Give address to which approved copy of this form is to be sent)						
None If well produces oil or liquids, jive location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When 30 198 33E No						. 7				
f this production is commingled with that f V. COMPLETION DATA	rom any othe				ing order num						
Designate Type of Completion -	- (X)	Oil Well		Gas Well	New Well	Workover	Deepen	Flug Back	Same Res'v	Diff Res'v	
Date Spudded					Total Depth			P.B.T.D.	P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Dep	Tubing Depth		
Perforations					L			Depth Casing Shoe			
TUBING, CASING AND					CEMENTI	NG RECOR	D.				
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET				SACKS CEMENT		
. TEST DATA AND REQUES OIL WELL (Test must be after re				oil and must	be equal to or	exceed top allo	owable for th	is depth or be	for full 24 hou	rs.)	
First New Oil Run To Tank Date of Test					be equal to or exceed top allowable for this depth or be for full 24 hours.) Producing Method (Flow, pump, gas lift, etc.)						
Length of Test	Tubing Pressure				Casing Press	ıre		Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.			Gas- MCF			
GAS WELL	L. <u></u>				l	····		1			
Actual Prod. Test - MCF/D	- MCF/D Length of Test					sate/MMCF		Gravity of Condensate			
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFICATION I hereby certify that the rules and regulated Division have been complied with and the second	tions of the C	il Conserv	ation		(OIL CON	NSERV				
is true and complete to the best of my kn			7		Date	Approve	d	AU	G 19'92	2	
Signature Charlotte Van Valkenburg, Tech. Coordinator Printed Name Title					By DRIGINAL MONED BY JERRY SEXTON DISTRICT I SUPERVISOR Title						
8/17/92	918-	491-43	314		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.