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

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

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

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

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
 TO TRANSPORT OIL AND NATURAL GAS**

I. Operator KELTON OPERATING CORPORATION Well API No. 30-025-02571

Address P. O. Box 276 Andrews, Texas 79714

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

New Well Change in Transporter of: Oil Dry Gas

Recompletion Casinghead Gas Condensate

Change in Operator

If change of operator give name and address of previous operator Caprock Oil & Gas, Inc., P. O. Box 828, Andrews, Texas 79714

II. DESCRIPTION OF WELL AND LEASE

Lease Name	State	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
		30	Wilson-Yates Seven Rivers	<input checked="" type="checkbox"/> State <input type="checkbox"/> Federal or Fee	
Location					
Unit Letter	<u>K</u>	<u>1650</u>	Feet From The <u>South</u> Line and <u>1650</u> Feet From The <u>West</u> Line		
Section	<u>24</u>	Township <u>21S</u>	Range <u>34E</u> , NMPM, <u>Lea</u> County		

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)

Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)

GPM Gas Corporation
4001 Penbrook, Odessa, Texas 79702

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp	Rge.	Is gas actually connected?	When?
	<u>M</u>	<u>24</u>	<u>21S</u>	<u>34E</u>	<u>Yes</u>	<u>NA</u>

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)	<input type="checkbox"/> Oil Well	<input type="checkbox"/> Gas Well	<input type="checkbox"/> New Well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Same Res'v	<input type="checkbox"/> Diff Res'v
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 Tank	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 (para. 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 C. Dale Kelton President
 Printed Name C. Dale Kelton Title
 Date 1-21-94 Telephone No. (915) 524-6400

OIL CONSERVATION DIVISION

Date Approved JAN 25 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 multiple completion wells.