Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

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

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 III 1000 Rio Brazos Rd., Aziec, NM 87410		Janta	i c, itcw ivic	MCO 6750	4-2000				
1000 RIO BIAZOS Rd., AZEC, NM 87410	REQUES	T FOR	ALLOWAE	LE AND A	UTHORIZ	ATION			
I. TO TRANSPORT OIL AND NATURAL GAS									
							API No.		
KELTON OPERATING CORPORATION Address					30-025-02596				
P. O. Box 276,	Andrews,	Texas	79714						
Reason(s) for Filing (Check proper box)				Othe	r (Please expla	in)			
New Well			insporter of:						
Recompletion Change in Operator	Oil		y Gas						
If change of operator give name	Casinghead Ga		ondensate						
and address of previous operator Capital			Inc., P.	0. Box 8	328, Andr	ews, Te	exas 79	714	
II. DESCRIPTION OF WELL A			ol Name, Includi	ng Formation Vind a			f Lease No.		
State		. 1	Wilson-Ya		en Rivers		Federal or Fee		ease No.
Unit LetterE	: 1650	Fe	et From The No	orth_Line	and330	Fe	et From The _	West	Line
Section 25 Township	215	Ra	inge 34E	, NN	ирм, Lea				County
III. DESIGNATION OF TRANS	SPORTER (DE OII	AND NATED	DAT CAC					
Name of Authorized Transporter of Oil	Address (Give address to which approved copy of this form is to be sent)								
Name of Authorized Transporter of Casing GPM Gas Corporation	Address (Give adaress to which approved copy of this form is to be sent) 4001 Penbrook, Odessa, Texas 79702								
. If well produces oil or liquids,	Unit S∞ 1 E 25	Ty	vp. Rge. 21S 34E	Is gas actually		When	?		
If this production is commingled with that t	↓			Yes			NA 		
IV. COMPLETION DATA				·				,	
Designate Type of Completion	- (X)	il Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. R	eady to Pri	od.	Total Depth	<u> </u>		P.B.T.D.		_1
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth		
Perforations				Depth Casing Shoe					
,,	TILE	ING C	A SINIC ANID	CEMENITIN	IC PECODI				
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT		
	OASING & TOBING SIZE			DEPTH SET			SACKS CEMENT		
			77711						
V TECT DATE AND DEOLEG	Trop III	OWA			. <u></u>				-
V. TEST DATA AND REQUES OIL WELL Test must be after r.				h					
Date First New Oil Run To Tank	Date of Test	orane of t	oda ou una musi	be equal to or exceed top allowable for this depth Producing Method (Flow, pump, gas lift, etc.)				or mui 24 hou	rs.)
Length of Test	Tubing Pressure	<u> </u>		Casing Pressure			Choke Size		
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.			Gas- MCF		
GAS WELL				<u> </u>					
Actual Prod. Test - MCF/D	Length of Test			Bbls. Condensate/MMCF			Gravity of Condensate		
Testing Method (pitot, back pr.)	Tubing Pressur	e (Shut-in))	Casing Pressure (Shut-in)			Choke Size		
VI. OPERATOR CERTIFIC	ATE OF C	O) (D) (TANICE.	<u> </u>					
					DIL CON	SERV	ATION	DIVISIO	NC
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 k				Date	Approved	٦	الم المر	:32	
					pp.046(
Signature	_ ~			∥ ву_	ORI	GINAL SI	GNED BY J	ERRY SEX	TON
C. Dale Kelton	DISTRICT I SUPERVISOR								
Printed Name			tle	Title					
<u>1-21-94</u> Date	(9:	<u>15)</u> 52 Telepho	4-6400		····				
		- July		11					

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
- 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.

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