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

State of New Mexico E. \_y, Minerals and Natural Resources Departmer. 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

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

1000 Rio Brazos Rd., Aztec, NM 87410	REQUEST FO	OR ALLOWAE NSPORT OIL							
perator WALGED EDANGIG OIL GOVDANIA				Well API No.					
KAISER-FRANCIS O	30-025-08488								
P.O. BOX 21468, '	TULSA, OKLA.	74121-1468							
Reason(s) for Filing (Check proper box)	Change in	Transporter of:	Othe	er (Please expla	in)				
New Well  Recompletion	·	Transporter of: Dry Gas	E	Effective	6/16/9	2			
Change in Operator	Casinghead Gas	Condensate							
f change of operator give name and address of previous operator Conc	oco, Inc., P.	0. Box 219	7, Houst	on, TX 7	7252				
II. DESCRIPTION OF WELL	AND LEASE								
Lease Name  State  BELL LAKE UN=CHERRY C	Well No.  ANYON 1					of Lease Lease No. Federal or Fee E-5896			
Location N Unit Letter	660	Feet From The	SOUTH Line	and1	940 Fee	et From The	WEST	Line	
Section 31 Township	, 23 S		4 E , N	MPM, L	EA		- 11 - 12	County	
THE DESIGNATION OF THE AND	CDODED OF O								
III. DESIGNATION OF TRANS Name of Authorized Transporter of Oil	RAL GAS Address (Give address to which approved copy of this form is to be sent)								
Name of Authorized Transporter of Oil or Condensate  Enron Oil Trading & Transportation				P. O. Box 1188, Houston, TX 77251-1188					
Name of Authorized Transporter of Casing		or Dry Gas 📆	<del></del>			copy of this form			
Transwestern Pipeline Co. P. O. Box 1188					Housto	Houston, TX 77251-1188			
If well produces oil or liquids, give location of tanks.	Unit   Sec.	Twp.         Rge.           23S         34E	Is gas actually connected? When ? Yes n/a						
If this production is commingled with that f	rom any other lease or	pool, give commingl	ing order numb	Der:					
Designate Type of Completion	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back S	ime Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready to	Total Depth			P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)  Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth			
Perforations			L.,,,,,,,			Depth Casing	Shoe		
			CEMENTING RECORD			DADIO OFMENT			
HOLE SIZE CASING & TUBING SIZE		JBING SIZE	DEPTH SET			SACKS CEMENT			
		,						· · · · · · · · · · · · · · · · · · ·	
TO THE PART AND PROVIDE	TO FOR ALLOW	A DI E							
V. TEST DATA AND REQUES OIL WELL (Test must be after re	ecovery of total volume		he equal to or	exceed ton allo	wable for this	denth or he for	full 24 how	rs.)	
Date First New Oil Run To Tank	Date of Test	oy toda ou una musi	,	ethod (Flow, pu			<i>y</i>		
Length of Test	Tubing Pressure	Casing Pressure			Choke Size				
Actual Prod. During Test	Oil - Bbls.	Water - Bbis.			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 Pressure (Shut	-in)	Casing Press	ure (Shut-in)		Choke Size			
VI. OPERATOR CERTIFIC			(		ISERV	ATION D	ואואור	 )N	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above				OIL CONSERVATION DIVISION					
is true and complete to the best of my knowledge and belief.				Date Approved					
C. Jan Ja	allen	buy	    By_						
Signature Charlotte Van Valkenb	Technic ourg, Coordin	al 🗸	-, _	ORIG	INAL SIGI	VED BY JERI	RY SEXTO	N	

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

Printed Name

6/30/92

Date

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

Title

DISTRICT I SUPPRVISOR

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

<u>918-491-4</u>314

Title

Telephone No.

- 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.