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

State of New Mexico En. Minerals and Natural Resources Departmen.

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

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

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

Santa Fe, New Mexico 87504-2088 REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.		TOTR	ANSF	PORTO	IL AND NA	ATURAL (SAE						
Operator							<u> </u>		API No.				
Kaiser-Francis Oil Co	ompany							Ì	30-0	25-2	2884		
										<u> </u>	N 30 F		
P. O. Box 21468, Tu1: Reason(s) for Filing (Check proper box)	sa, OK	74121-	-1468	3		·							
New Well		Chanca :	T		U O	her (Please ex	plain)			· · · · · · · · · · · · · · · · · · ·			
Recompletion	Oil	Change i	Dry (
Change in Operator	Casinghe			ensate				Effe	ctive 3/	1/91			
I change of operator give name) CO110	CUSAGE					· · · · · · · · · · · · · · · · · · ·				
and address of previous operator		···											
II. DESCRIPTION OF WELL	AND LE	ASE											
Lease Name		Well No.	Pool	Name, Inclu	ding Formation			1 25. 4					
Baker		1		inkard	and committee				of Lease Federal or Fe	<u>ت</u> ا	Lease No.		
Location		· · · · · · · · · · · · · · · · · · ·							_				
Unit Letter B	:33	0	Foot 1	imm The	North L	. 1	450			_			
			_ rea r	rom the _	HOLEH III	ne and1	.050	F	eet From The	East	tLine		
Section 26 Townsh	ip 22	S	Range	37	E .N	ІМРМ,			Lea				
EOTT Energy Operating LP											County		
II. DESICEMETE (1996) TRAIName of Authorized Transporter of Oil	NSPORTE	R OF O	IL AN	JTAN DI	JRAL GAS								
and a second of Oil		1 an Aoutes	ECT ON	(A C rr)	Address (Gi	ve address to w	vhich	approved	copy of this	form is to be s	ent)		
Enron Oil Trading & T	ranspor		\&ou	pany	Rox 11	88, Hous	ton	, TX	When ? 4/69				
Getty 011 Company	ignead Gas	X	or Dry	Gas	Address (Gi	ve address to w	vhich	approved	copy of this	form is to be s	ent)		
f well produces oil or liquids.	Unit	Sec.	17		BOX /30	J, Hobbs	, N	M 88	240		•		
ve location of tanks.	B	26	Twp. 22S	Rge. 37E		y connected?		When	7				
this production is commingled with that	from any oth	er lease or	nool el	13/E	Yes	<u>s</u>				4/69			
V. COMPLETION DATA	•		poor, gr	TO COMMITTING	ung order num	oer:				·			
Designate Town of G		Oil Well		Gas Well	New Well	Workover			C	γ			
Designate Type of Completion		j	i		1	MOIXOVEL	1 1	Осереп	Plug Back	Same Res'v	Diff Res'v		
Pate Spudded	Date Comp	l. Ready to	Prod.		Total Depth	L			DDTD	L			
levations (DF, RKB, RT, GR, etc.)													
icvaudus (Dr. RAB, RI, GR, elc.)	Name of Pro	oducing Fo	rmation	1	Top Oil/Gas	Pay			Tuhing Den	ıh			
erforations	<u></u>			·	<u></u>				orag Dep	41			
						•			Depth Casin	g Shoe			
		IDING	CACT	NG AND		· · · · · · · · · · · · · · · · · · ·							
HOLE SIZE	CAS	UDING,	CASII	NG AND	CEMENTII								
	OLE SIZE CASING & TUBING SIZE DEPTH SET					SACKS CEMENT							
	 												
													
				<u> </u>						·			
TEST DATA AND REQUES	T FOR A	LLOWA	BLE		L	 			<u> </u>				
L WELL (Test must be after re	covery of low	al volume o	f load o	il and must	be equal to or	exceed ton allo	nwahl	e for this	donth on he C	6 11 0 4 1			
te First New Oil Run To Tank	Date of Test				Producing Me	thod (Flow, pu	mp. s	as lift, et	c)	or Juli 24 hour	5.)		
ngth of Test						•			,				
	Tubing Press	sure			Casing Pressur	re			Choke Size				
tual Prod. During Test	Oil - Bbls.												
	Oil - Bois.	•			Water - Bbis.				Gas- MCF				
AS WELL	<u> </u>												
tual Prod. Test - MCF/D	Length of Te							•		,			
	rengal of 16	:51		1	Bbls. Condens	ate/MMCF			Gravity of Co	ondensate			
ting Method (pitot, back pr.)	Tubing Press	ure (Shut-in			Carles N	- , <u>a, - , - , - , - , - , - , - , - , - , -</u>					•		
		-io (oliot-11	•,	ľ	Casing Pressur	e (Shut-in)			Choke Size				
OPERATOR CERTIFIC		701 577								1.1			
OPERATOR CERTIFICAL I hereby certify that the rules and regulat	THE OF (COMPL	JAN	CE		II 00N	<u> </u>						
DIVINUI DEAC DOCK COUDING Milb and th	rat the informa	aliam min	tion above	1	U	IL CON	SE	HVA	LION D)IVISIOI	N		
is true and complete to the best of my kn	owledge and	belief.	40075	ļ				N	IAR 0 4	1001			
1 7 ~					Date /	Approved	<u> </u>		ל לו וורני	ן לטו			
C. Jan Ka	Ut.	1 H	21			•			- 				
Signature Jan Jalkenburg					Ву	0	RIG	INAL S	ya Gano	JERRY SEX	TOAL		
harlotte Van Valkenbur	cg, Tech	<u>inical</u>	Coor	dinat	r	-		DESTR	OT I SUPE	RVISOR	i end		
7 Title 2/27/91 918-491-4314					Title_			•					
Pale													
			one No.										

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