Submut 5 Copies
Appropriate District Office
DISTRICTAL
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Ener Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instruction 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

T											
Operator		IO IHA	INSP	JHT OIL	- AND I	NATURAL GA	S Well A	Pl No.			
Kaiser-Francis Oil Company						30-025-243					
Address	ompany_				····				.5 2 1333		
F. O. Box 21468, Tul	sa, OK	74121-	1468								
Reason(s) for Filing (Check proper box)						Other (Please explai	in)				
New Well		Change in									
Recompletion	Oil	_	Dry Ga			Ef	fective	10/1/92	2		
Change in Operator	Casinghea	d Gas	Conden	sate		***	·				
and address of previous operator											
II. DESCRIPTION OF WELL	AND LEA	SE									
Lease Name	Well No. Pool Name, Includi				ng Formation Kind c			Lease No.			
Bell Lake Unit	12 Bell Lake			Cherry Canyon State,			ederal or Fee E-5896-1				
Location	_						• •				
Unit LetterJ	_ : <u>l</u>	980	Feet Fr	om The _S	outh	Line and <u>1980</u>	Fee	t From The	East	Line	
Section 31 Township		23S	D	2	34E	NR 4m 4	Ť	ea			
Section 31 Township		230	Range		746	, NMPM,	Ц	ea		County	
III. DESIGNATION OF TRAN	SPORTE	ROFO	IL AN	D NATU	RAL GA	\S		,			
Name of Authorized Transporter of Oil	(X.)	on €enden			Address	Give address to whi	ich approved	copy of this fo	orm is to be ser	ਧ)	
Conoco, Inc. Surface Transp.						10 Despa Dr. E., Ste. 550, Midland, TX 79705					
Name of Authorized Transporter of Casinghead Gas X or Dry Gas					Address (Give address to which approved copy of this form is to be sent)						
Transwestern Pipeline Co.					P. O. Box 1188, Houston, TX 77251-1188					3	
If well produces oil or liquids, give location of tanks.	Unit J	Sec. 31	Twp. 23S	Rge. 34E	is gas act	ually connected?	When				
f this production is commingled with that if	·				ing order	Yes		n/a	1		
V. COMPLETION DATA	noni any our	er rease or	poor, gav	e contamig	ing Oluci i	iumoer.	~~~	······································			
		Oil Well		Gas Well	New W	ell Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	- (X)	<u> </u>	i_		İ	i i					
Date Spudded	Date Comp	ol. Ready to	Prod.		Total De	pth		P.B.T.D.		-	
(DE BUR DE CD				Ton Oll/Cos Pau							
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
Perforations					<u></u>			Depth Casin	Shoe		
								Depai Casin	g onoc		
	T'	UBING,	CASII	NG AND	CEMEN	TING RECORI)		·····		
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
V. TEST DATA AND REQUES	TEODA	HOW	ADIE		<u> </u>	,,,					
OIL WELL (Test must be after re				il and must	he equal t	o or exceed ton allow	umble for this	danth an ha f	'ar 6.11 24 k	. 1	
Date First New Oil Run To Tank	Date of Tes		0,1030	7.11 (17.11.7)		Method (Flow, pur			or juli 24 hour	3.)	
]						
Length of Test	Tubing Pressure				Casing Pressure			Choke Size			
A. D. I D. I. T.								a var			
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.			Gas- MCF				
	L				L						
GAS WELL	77										
Actual Prod. Test - MCF/D Length of Test						Bbls. Condensate/MMCF		Gravity of Condensate			
esting Method (pitot, back pr.) Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size				
					Casing Pressure (Onta-in)			CHOKE SIZE			
VI OPERATOR CERTIFIC	ATE OF	COME	OT TAR	ICE •	1						
VI. OPERATOR CERTIFICATE OF COMPLIANCE 1 hereby certify that the rules and regulations of the Oil Conservation						OIL CONSERVATION DIVISION					
Division have been complied with and that the information given above											
is true and complete to the best of my knowledge and belief.					Date Approved				SEP 28'92		
1 2 2000						are whhioved	4				
(Jan allenbur						. grandski ti	@}::::::::::::::::::::::::::::::::::::	JURKY SEX	MOT		
Signature Charlotte Van Walkenburg Toch Coordinator					B)	By Condessal Gional DY JURKY SEXTON BISTROTT SUPERVISOR					
Charlotte Van Valkenburg, Tech. Coordinator Printed Name Title					}						
9/23/92 918-491-4314						le					
Date	1 - 1 - 1 +	Tele	phone N	0.							
		•		•							

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.