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

State of New Mexico E...gy, 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

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 MATHRAL GAS

1.	1	UINA	NOF		. AND NA	IUNAL	スペン						
Operator KAISER-FRANCIS OIL COMPANY								Well API No.					
Address								30-025-24335					
P.O. BOX 21468,	TULSA,	OKLA.	7412	21-1468									
Reason(s) for Filing (Check proper box)		Change in 1	т		U Oth	er (Please ex	plain)						
New Well Recompletion	Oil	Change in	Dry Ga		F	ffectiv	ro 6/1	6/0	2				
Change in Operator XX	Casinghead	<u></u>	Conden		E	irrectiv	e 0/1	0/9	<i>L</i> .				
If change of operator give name and address of previous operatorCor	noco, In	ıc., P.	0.	Box 21	97, Hous	ton, TX	7725	2					
II. DESCRIPTION OF WELL	AND LEA	SE											
BELL LAKE UN-CHERRY CANYON 12 BELL LAKE									of Lease Federal or Federal		Lease No. E-5896-1		
Location					····	CHITTOIT					1000 1		
Unit LetterJ	_ :198	30	Feet Fr	om The	SOUTH Lim	e and	1980	Fe	et From The	EAST	Line		
Section 31 Townshi	ip 23	3 S	Range	3	4 E , N	МРМ,	LEA				County		
III. DESIGNATION OF TRAN	JCDADTE	D OE OI	TAN	D NATE	DAI CAC			_					
Name of Authorized Transporter of Oil	ST OK LE	or Condens		·····································		e address to	which app	proved	copy of this fo	orm is to be se	ent)		
Enron Oil Trading & T	P. O. Box 1188, Houston, TX 77251-1188												
Name of Authorized Transporter of Casin	Address (Give address to which approved copy of this form is to be sent)												
	Transwestern Pipeline Co. well produces oil or liquids, Unit Sec. Twp. Rge.					P. O. Box 1188, Houst							
If well produces oil or liquids, give location of tanks.	Unit			Rge.	Is gas actually connected?			When?					
If this production is commingled with that			23S 2001. giv	34E	ing order numl	Yes ber:			n/a	3			
IV. COMPLETION DATA	,		/ 6-		В								
Designate Type of Completion	- (X)	Oil Well		Gas Well	New Well	Workover	Dee	реп	Plug Back	Same Res'v	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				
Elevations (DF, NAB, N1, GA, 816.)					•								
Perforations									Depth Casin	g Shoe			
	T	UBING.	CASII	NG AND	CEMENTI	NG RECO	RD		1				
HOLE SIZE	CASING & TUBING SIZE					DEPTH SE	•			SACKS CEM	ENT		
			. ,,										
V. TEST DATA AND REQUES	ST FOR A	LLOWA	BLE					************					
OIL WELL (Test must be after t	Date of Tes		of load o	oil and must	,		_			for full 24 hou	ırs.)		
Date First New Oil Run To Tank	Producing Method (Flow, pump, gas lift, etc.)												
Length of Test	Tubing Pressure				Casing Pressure				Choke Size				
Actual Prod. During Test	al Prod. During Test Oil - Bbls.				Water - Bbls.				Gas- MCF				
Uli - Bols.					Water Bols.								
GAS WELL													
Actual Prod. Test - MCF/D	Length of Test				Bbis. Condensate/MMCF				Gravity of Condensate				
Tubing December (Chart in)				Code December (Chart in)				Chaka Siza					
resung Memoa (puot, back pr.)	ing Method (pitot, back pr.) Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)				Choke Size			
VI. OPERATOR CERTIFIC	ATE OF	COMP	LIAN	ICE									
I hereby certify that the rules and regul						DIL CO	NSE	RV	ATION	DIVISIO	NC		
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.						JUL 0 7 '92							
is true and withprete to the best of my	MIOWIEUGE AT	n vellel. 1			Date	Approv	ed						
C. Pan ti	101	ens	fu	~~									
Signature Technical Charlotte Van Walkenburg, Coordinator						ByOSSINAL SIGNED BY JERRY SEXTON							
Printed Name			Title	·	Title		samo i i ter 61		MOT I SU				
6/30/92	918	-491-4		f	Title								
Date		1 ele	phone N	₩.	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 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.