

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator KELTON OPERATING CORPORATION		Well API No. 30-025-22916
Address POST OFFICE BOX 3090, ROSWELL, NEW MEXICO 88202-3090		
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: <input type="checkbox"/> Other (Please explain) Recompletion <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
If change of operator give name and address of previous operator 4-4-92-985 Cline Blinberry Cance Cline Blinberry/also		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Lineberry	Well No. 1	Pool Name, Including Formation Blinebry	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter I : 1980 Feet From The South Line and 660 Feet From The East Line Section 11 Township 23S Range 37E, NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Sandhills Petroleum, Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 796, Monahans, Texas 79756-0796					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Texaco Exploration & Production	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1650, Tulsa, Oklahoma 74102-1650					
If well produces oil or liquids, give location of tanks.	Unit I	Sec. 11	Twp. 23S	Rge. 37E	Is gas actually connected? yes	When? 3-19-70

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well X	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod. 10-20-92	Total Depth 6904'	P.B.T.D. -6873' 6090					
Elevations (DF, RKB, RT, GR, etc.) 3252' GL	Name of Producing Formation BLINEBRY	Top Oil/Gas Pay 5290'	Tubing Depth 5251'					
Perforations 5342' - 5706' Blinebry	Depth Casing Shoe							
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE 13-3/4"	CASING & TUBING SIZE 9 5/8"	DEPTH SET 850'	SACKS CEMENT 150 sxs Class C Circ					
8-3/4"	7"	6904'	575 sxs Class C					

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank 10-15-92	Date of Test 10-20-92	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hours	Tubing Pressure 755#	Casing Pressure -0-	Choke Size 21/64"
Actual Prod. During Test	Oil - Bbls. 152	Water - Bbls. 22	Gas- MCF 756.6

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

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 knowledge and belief.

Signature
C. Dale Kelton, President
Printed Name
10-28-92
Date
505-622-2421
Telephone No.

OIL CONSERVATION DIVISION

NOV 04 '92

Date Approved

By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

Title

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