

**NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS**

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

B.K.

DISTRIBUTION	4
SANTA FE	1
FILE	1
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL 1
	GAS
OPERATOR	1
PRORATION OFFICE	

I. OPERATOR

Operator _____

Address Ellsberry & Kraitschman

925 Cabaldon, N.W. Albuquerque, New Mexico 87104

Reason(s) for filing (Check proper box) 87104 Other (Please explain) _____

New Well Change in Transporter of: Oil Dry Gas

Recompletion Casinghead Gas Condensate

Change in Ownership

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>E.K.</u>	Well No. <u>7</u>	Pool Name, including Formation <u>South San Luis M.V.</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No. <u>SF081171-A</u>
Location <u>E.K.</u>				
Unit Letter <u>A</u>	<u>1347</u> Feet From The <u>N.L.</u> Line and <u>1166</u> Feet From The <u>EL</u>			
Line of Section <u>33</u>	Township <u>18</u>	Range <u>3W</u>	, NMPM, <u>Sandoval</u> 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"/>	Address (Give address to which approved copy of this form is to be sent)			
<u>Trailway</u>	<u>P.O. Box 1367, Farmington, N.M. 87401</u>			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
If well produces oil or liquids, give location of tanks.	Unit <u>H</u>	Sec. <u>33</u>	Twp. <u>18</u>	Rge. <u>3W</u>
	Is gas actually connected?		When	

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
<input checked="" type="checkbox"/>								
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		
Perforations							Depth Casing Shoe	
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

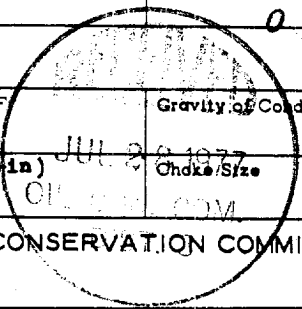
V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(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 Tanks <u>6/25/76</u>	Date of Test <u>6/25/76</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pump</u>	
Length of Test <u>24 Hr.</u>	Tubing Pressure <u>0</u>	Casing Pressure <u>0</u>	Choke Size <u>0</u>
Actual Prod. During Test	Oil-Bbls. <u>0</u>	Water-Bbls. <u>4</u>	Gas-MCF <u>0</u>

GAS WELL

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



VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Arthur H. Gaddy
(Signature)

Manager
(Title)

7-21-77
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

BY Original Signature

TITLE SUPERVISOR DIST. #4

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

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

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiple