

DISTRIBUTION

SANTA FE

FILE

U.S.G.S.

LAND OFFICE

TRANSPORTER

OIL

GAS

OPERATOR

PRORATION OFFICE

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

Operator

ELLIOTT OIL COMPANY

Address

P. O. Box 1355, Roswell, New Mexico 88201

Reason(s) for filing (Check proper box)

New Well

☒

Recompletion

☐

Change in Ownership

☐

Change in Transporter of:

Oil

☐

Dry Gas

☐

Casinghead Gas

☐

Condensate

☐

Other (Please explain)

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name

Southern Union

Well No.

#1-E

Pool Name, including Formation

Basin Dakota

Kind of Lease

Federal

Lease No.

SF-078643

Location

Unit Letter

E

1656

Feet From The

North

Line and

895

Feet From The

West

Line of Section

3

Township

29 North

Range

13 West

NMPM,

San Juan

County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil

☐

or Condensate

☒

Plateau, Inc.

Address (Give address to which approved copy of this form is to be sent)

501 Airport Drive, Farmington, N.M. 87401

Name of Authorized Transporter of Casinghead Gas

☐

or Dry Gas

☒

El Paso Natural Gas Company

Address (Give address to which approved copy of this form is to be sent)

P. O. Box 990, Farmington, N.M. 87401

If well produces oil or liquids, give location of tanks.

Unit

E

Sec.

3

Twp.

29N

Rge.

13W

Is gas actually connected?

no

When

as soon as possible

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

COMPLETION DATA

Designate Type of Completion - (X)

Oil Well

☐

Gas Well

☒

New Well

☒

Workover

☐

Deepen

☐

Plug Back

☐

Same Resrv.

☐

Diff. Resrv.

☐

Date Spudded

4-20-81

Date Compl. Ready to Prod.

5-22-81

Total Depth

6707

P.B.T.D.

6175

Elevations (DF, RKB, RT, GR, etc.)

5542'KB

Name of Producing Formation

Dakota

Top Oil/Gas Pay

6004

Tubing Depth

6111

Perforations

6122, 18, 12, 10, 04, 02; 6099, 96, 72, 70, 58, 54, 40, 36, 34

6025, 20, 18, 11, 06, 04.

Depth Casing Shoe

6175

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE

12-1/2

7-7/8

CASING & TUBING SIZE

8-5/8

4-1/2

DEPTH SET

218

6214

SACKS CEMENT

150 SX

700 SX

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

Date of Test

Producing Method (Flow, pump, gas lift, etc.)

Length of Test

Tubing Pressure

Casing Pressure

Choke Size

Actual Prod. During Test

Oil-Bbls.

Water-Bbls.

Gas-MCF

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

1640/7-day SI

2026/7-day SI

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.

Curtis J. Little

(Signature)

AGENT

(Title)

May 22, 1981

(Date)

OIL CONSERVATION COMMISSION

JUL 6 1981

APPROVED

BY

Original Signed by FRANK T. CHAVEZ

SUPERVISOR DISTRICT # 8

TITLE

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