

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-1  
Effective 1-1-65

I.

Operator ELK OIL COMPANY	
Address Post Office Box 310, Roswell, New Mexico 88201	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain): THIS WELL HAS BEEN PLACED IN THE POOL OF THE NEW MEXICO OIL CONSERVATION COMMISSION TO R-4070 IN COMPLIANCE WITH RULE 1104.	

If change of ownership give name and address of previous owner: \_\_\_\_\_  
THIS WELL HAS BEEN PLACED IN THE POOL  
OF THE NEW MEXICO OIL CONSERVATION COMMISSION TO R-4070  
IN COMPLIANCE WITH RULE 1104.

II. DESCRIPTION OF WELL AND LEASE

Lease Name Gambi	Well No. 1	Pool Name, including Formation Cline/ Drinkard/ Abo	Kind of Lease State, Federal or Fee	Lease No. Fee
Location Unit Letter <u>E</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>West</u> Line of Section <u>12</u> Township <u>23S</u> Range <u>37E</u> , <u>NEEM</u> , 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"/> Navajo Refining	Address (Give address to which approved copy of this form is to be sent) PO Drawer 159, Artesia, New Mexico 88210	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Texaco	Address (Give address to which approved copy of this form is to be sent) POB 3000, Tulsa, Oklahoma 74012	
If well produces oil or liquids, give location of tanks.	Unit E	Sec. 12
	Twp. 23S	Range 37E
	Is gas actually connected? No	When Within 60 days

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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug back <input type="checkbox"/>	Same Res'tv.	Diff. Res'tv.
Date Spudded 11/05/84		Date Compl. Ready to Prod. 11/22/84		Total Depth 7,100'		T.D. F.D. 7,064'			
Elevations (D.F., R.A.B., R.T., G.R., etc.) 3272 GR		Name of Producing Formation Abo		Top Oil/Gas Day 6,555		Tubing Depth 6,980			
Perforations 6,555 - 6,940						Depth Casing Shoe 7,100			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17		13 3/8		1,223		1,030			
11		8 5/8		2,674		700			
7 7/8		5 1/2		7,100		1,350			

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)

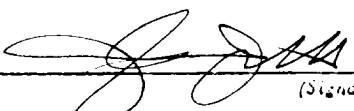
Date First New Oil Run To Tanks 12/27/84	Date of Test 2/28/85	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs	Tubing Pressure -0-	Casing Pressure -0-	Choke Size -0-
Actual Prod. During Test 80	Oil-Bbls. 60	Water-Bbls. 20	Gas-MCF 60

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. 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.

  
(Signature)  
Joseph J. Kelly, President  
(Title)  
03/01/85  
(Date)

OIL CONSERVATION COMMISSION

MAR - 7 1985

APPROVED \_\_\_\_\_, 19 \_\_\_\_\_

BY ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT 1 SUPERVISOR

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 Form C-104 must be filed for each pool in multiple

RECEIVED

MAR -6 1985

C.C.B.  
HOBBS OFFICE