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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION OFFICE	

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

Form O-100
Supersedes OMC-101 and O-11
Effective 1-1-65

Operator
ELK OIL COMPANY

Address
P. O. BOX 310, ROSWELL, NEW MEXICO 88201

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

New Well <input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input checked="" type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>

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

DESCRIPTION OF WELL AND LEASE

Lease Name NE Northeast Kemnitz	Well No. 5	Pool Name, including Formation Kemnitz Morrow	Kind of Lease State, Federal or Free State State	Lease No. K-6448
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Location

Unit Letter **L** ; **1980** Feet From The **South** Line and **660** Feet From The **West**

Line of Section **23** Township **16S** Range **34E** , NMPM, **Lea** County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Navajo Crude Oil Purchasing Company	Drawer 175, Artesia, New Mexico 88210
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Northern Natural Gas	2223 Dodge St., Omaha, Nebraska 68102

If well produces oil or liquids, give location of tanks.	Unit L	Sec. 23	Twp. 16S	Range 34E	Is gas actually connected? No	When April 24, 1981
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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	Some Res'n.	Chf. Dr. Pr.
		X	X					

Date Spudded 7/26/80	Date Compl. Ready to Prod. 9/21/80	Total Depth 13,390	P.B.T.D. 13,390
Elevations (DF, RKB, RT, CR, etc.) 4075 GR	Name of Producing Formation Morrow	Top Oil/Gas Pay 13,187	Tubing Depth 12,907
Perforations 13,187-192; 13,194-200, 13,202-208			Depth Casing Shoe 13,390

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17	12 3/4	400	400 sx
12 1/4	8 5/8	4515	1750 sx
7 7/8	5 1/2	13390	850 sx

TEST DATA AND REQUEST FOR ALLOWABLE (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)

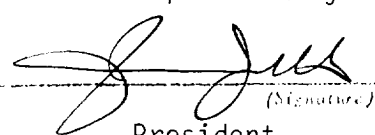
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

AS WELL

Actual Prod. Test-MCF/D 12/8/80 - 1,000	Length of Test 4 hrs	Bbls. Condensate/MCF -0-	Gravity of Condensate -0-
Testing Method (pitot, back pr.) Pitot	Tubing Pressure (shut-in) 3250#	Casing Pressure (shut-in) -0-	Choke Size 12/64

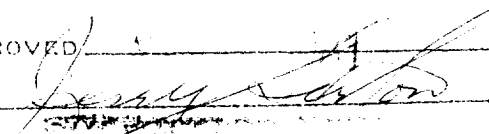
CERTIFICATE OF COMPLIANCE

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.

Joseph J. Kelly

President
4/21/81
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

BY 

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 gas vented for a 24 hour test on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowable on a new or deepened well.
Fill out only sections I, II, III, and VI for change of owner, well name or number, or transporter, or other such change of conditions.