

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SALES & P.C.	
FILE	
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 C-104
Supersedes OMC-104 and C-104
Effective 1-1-65

1.

Operator ELK OIL COMPANY	
Address P. O. BOX 310, ROSWELL, NEW MEXICO 88201	
Reason(s) for filing (Check proper box)	
New Well ☒	Change in Transporter of:
Recompletion ☐	Oil ☐ Dry Gas ☐
Change in Ownership ☐	Casinghead Gas ☐ Condensate ☐

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

2. DESCRIPTION OF WELL AND LEASE

Lease Name East Kemnitz	Well No.; Pool Name, including Formation 2 Kennitz Atoka Morrow South	Mind of Lease State, Federal or Fee State	Lease No. E-7564
Location			
Unit Letter G	1980 Feet From The North Line and 1980 Feet From The East		
Line of Section 27	Township 16S	Range 34E	County Lea

3. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Navajo Crude Oil	Address (Give address to which approved copy of this form is to be sent) Drawer 159, Artesia, New Mexico 88210	
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ Transwestern Pipeline	Address (Give address to which approved copy of this form is to be sent) Box 2521, Houston, Texas 77252	
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 27
	Twp. 16S	Rge. 34E
	Is gas actually connected? Yes	

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

4. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'n.	Oil, Gas
		X	X					
Date Spudded 10/13/83	Date Compl. ready to Prod. 12/30/83		Total Depth 13,145		P.B.T.D. 13,105			
Elevations (DF, RAB, RT, CR, etc.) 4086 Grd.	Name of Producing Formation Atoka Morrow		Top Oil/Gas Pay 12,614		Testing Depth 12,640			
Perforations 12,614-12,640					Depth Casing Shoe 13,145			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/4"	13 3/8	390	450 sx.
11"	8 5/8	4520	2200 sx.
7 7/8"	5 1/2	13145	700 sx.

5. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of lost 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	Testing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-IPBbl.	Water-IPBbl.	Gas-MCF

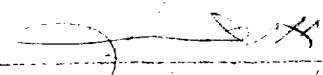
GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Delta Condensate/MCF	Gravity of Condensate
300	4 hrs.	-0-	-0-
Testing Method (flow, back pr.)	Testing Pressure (lb/in ² -in)	Casing Pressure (lb/in ² -in)	Choke Size
Back Pressure	3942	Packer	12/64"

6. 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

5/15/84

(Signature)

(Title)

(Date)

OIL CONSERVATION COMMISSION

JUN 4 1984

APPROVED _____, 19____

BY **ORIGINAL SIGNED BY JERRY SEXTON**
DISTRICT 1 SUPERVISOR

TITLE _____

This form is to be filed in compliance with RULE 1102.

If this is a request for allowable for a newly drilled or re-worked well, this form must be accompanied by a tabulation of the test results taken on the well in accordance with RULE 1111.

All sections of this form must be filled out completely for allowable to be considered for a well.

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

RECEIVED
MAY 18 1984
O.C.D.
HOBBS OFFICE