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C/	DISTRIBUTION ANTA FE	NEW MEXICO OIL	CONSERVATION C HISSION	Form C-104	
	ILE	KEQUES	T FOR ALLOWABLE	Supersedes Old C-104 and C- Effective 1-1-65	
	.S.G. <b>S.</b>	AUTHORIZATION TO TE	RANSPORT OIL AND NATURA		
	-AND OFFICE		TAND ON THE AND NATURA	AL GAS	
	TRANSPORTER OIL				
	GAS				
	PRORATION OFFICE				
I.	Operator				
	ELK OIL COMPANY				
	Address Address				
	BOX 310, R	OSWELL,N.M. 88201			
	Reason(s) for filing (Check proper box)  Other (Please explain)				
	ew Well Change in Transporter of				
	Recompletion	Recompletion Oil Dry Gas CASTONNAD GAS MUST NOT BE			
	Change in Ownership Casinghead Gas Condensate Condensate				
	If change of ownership give name THIS WELL HAS SIEN PLACED IN THE SOOT AND				
	and address of previous owner <u>DESIGNATED BELLIAL IE YOU DO NOT COMPUR</u>				
		NOTIFY THIS OFF UE.			
II.	DESCRIPTION OF WELL AN	D LEASE			
		Well No. Pool Name, Including	Formation R-4835 Kind of L	ease Lease No.	
	MARTE STATE COMM	1 TRES PAPALO	DIES PENN State, Fed	deral or Fee	
	2006				
	Unit Letter J : 2086   Feet From The COUTH   Line and   2086   Feet From The EASE				
	Line of Section	Township 155 Range	34E NMPM.	LEA	
		range	34!. , NMPM,	County	
III.	DESIGNATION OF TRANSPO	RTER OF OIL AND NATURAL G	AS		
	Name of Authorized Transporter of Oil X or Condensate Address (Give address to which approved copy of this form is to be sent)				
	KOCH OIL COMPANY		BOX 1558, Brecke		
	Name of Authorized Transporter of (	Casinghead Gas or Dry Gas	Address (Give address to which ap	proved copy of this form is to be sent)	
	If well produces oil or liquids,	Unit Sec. Twp. Ege.	Is gas actually connected?	When	
:	give location of tanks.	k 5 158 34E	NC		
TN/	f this production is commingled with that from any other lease or pool, give commingling order number:				
14.	COMPLETION DATA				
	Designate Type of Complete	tion – (X)	New Well Workover Deepen	Plug Back   Same Resty, Diff. Resty	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	5/8/74	6/26/74	10,500	10,497	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
	4120.9 GR	PENN	10,467	10,375	
	Perforations			Depth Casing Shoe	
	10,467-77				
}	TUBING, CASING, AND CEMENTING RECORD				
}	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
ŀ		13 3/8	360	360	
}	<u>12½</u>	9 5/8	3401	400	
ŀ	7 7/8	5 1/2	10497	400	
v	TEST DATA AND PROUEST	FOR ALLOWARY F			
• •	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)				
Ī	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	lift, etc.)	
Ĺ	6/26/74 Length of Test	6/26/74	Flowing		
		Tubing Pressure	Casing Pressure	Choke Size	
]_	24 Actual Prod. During Test	360	Packer	16/64	
		Oil-Bbls.	Water-Sble.	Gas-MCF	
_	360	360	0	3 <b>7</b> 8	
	GAS WELL				
	Actual Prod. Test-MCF/D I ength of Test				
			Bbls. Condensate/MMCF	Gravity of Condensate	
-	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Chake Size	
	• • •		o	Choke Size	
∟ VI. ſ	CERTIFICATE OF COMPLIAN	ICE	-011 00110=		
			OIL CONSERV	ATION COMMISSION	
I	hereby certify that the rules and regulations of the Oil Conservation commission have been complied with and that the information given bove is true and complete to the best of my knowledge and belief.		APPROVED A	. 19	
				7 20	
æ	Sore to time and complete to th	e best of my knowledge and belief.	BY	ymyy	
	17		TITLE DUFER		
	, - 5 /;				
		fully		compliance with RULE 1104.	
	(Sigi	sature)	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		

(Title) June 27, 1974 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.