



STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT  
OIL CONSERVATION DIVISION

JERRY APODACA  
GOVERNOR

NICK FRANKLIN  
SECRETARY

POST OFFICE BOX 208E  
STATE LAND OFFICE BUILD  
SANTA FE, NEW MEXICO 875  
(505) 827-2434

June 20, 1978

Continental Oil Company  
P. O. Box 460  
Hobbs, New Mexico

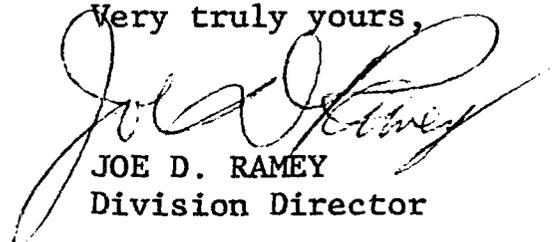
Re: Cancellation, Administrative  
Order SWD 199, McCallister  
A Well No. 2, Unit A,  
Section 24, Township 26  
South, Range 36 East, Lea  
County, New Mexico

Gentlemen:

Reference is made to your application of February 15, 1978, for cancellation of the subject administrative order and conversion of the subject well back to secondary recovery injection well.

The subject well is hereby reclassified as a secondary recovery injection well and Administrative Order SWD-199 is hereby cancelled. The subject well shall continue to be governed by the well construction, testing, and monitoring requirements of Division Order No. R-4026.

Very truly yours,



JOE D. RAMEY  
Division Director

JDR/RLS/og

cc: Oil Conservation Division  
Box 1980  
Hobbs, New Mexico

Submit 5 Copies  
 Appropriate District Office  
 DISTRICT I  
 P.O. Box 1980, Hobbs, NM 88240 ✓

State of New Mexico  
 Energy, Minerals and Natural Resources Department

Form C-104  
 Revised 1-1-89  
 See Instructions  
 at Bottom of Page  
**OIL CONSERVATION DIVISION**  
**RECEIVED**  
 '90 SEP 13 AM 9 27

**OIL CONSERVATION DIVISION**  
 P.O. Box 2088  
 Santa Fe, New Mexico 87504-2088

DISTRICT II  
 P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
 1000 Rio Brazos Rd., Aztec, NM 87410

**REQUEST FOR ALLOWABLE AND AUTHORIZATION  
 TO TRANSPORT OIL AND NATURAL GAS**

I.

Operator <u>Elk Energy Corporation</u>	Well API No. --
Address <u>1625 Larimer St., Suite 2403; Denver, CO 80202</u>	
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> Salt Water Injection Well
If change of operator give name and address of previous operator <u>Earl R. Bruno, Box 10317; Midland, Texas 79702</u>	

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name <u>McCallister A</u>	Well No. <u>2</u>	Pool Name, including Formation <u>Scarborough, Yates, 7 Rivers</u>	Kind of Lease <del>State</del> Federal or <del>Lease</del>	Lease No. <u>LCO-30167A</u>
Location Unit Letter <u>A</u> : <u>660</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>East</u> Line Section <u>24</u> Township <u>26S</u> Range <u>36E</u> , <u>NMPM</u> , <u>lea</u> County				

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit   Sec.   Twp.   Rge.   Is gas actually connected?   When ?

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

**IV. COMPLETION DATA**

**VI. OPERATOR CERTIFICATE OF COMPLIANCE**

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature *Craig M. Camozzi*  
Craig M. Camozzi, President  
 Printed Name Title  
August 1, 1990 303-892-8934  
 Date Telephone No.

**OIL CONSERVATION DIVISION**

Date Approved SEP 11 1990  
 By *[Signature]*  
 Title DISTRICT 1 SUPERVISOR

**INSTRUCTIONS: This form is to be filed in compliance with Rule 1104**

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.