

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED
OCT 04 1988

I. Operator
Elliott Oil Company

Address
P.O. Box 1355, Roswell, New Mexico 88202

Reason(s) for filing (Check proper box)

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

Other (Please explain)

OIL CON. DIV
DIST 2

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Ora	Well No. 5	Pool Name, including Formation Lindrith Gallup-Dakota West	Kind of Lease State, Federal or Fee Federal	Lease No. SF080536
Location Unit Letter 0 : 600 Feet From The South Line and 1980 Feet From The East Line of Section 21 Township 25N Range 3W, NMPM, Rio Arriba County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

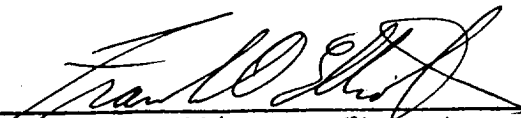
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Giant Refining Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 265, Farmington, New Mexico 87499					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 4990, Farmington, New Mexico 87499					
If well produces oil or liquids, give location of tanks.	Unit 0	Sec. 21	Twp. 25N	Rge. 3W	Is gas actually connected? yes	When 9-28-88

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.


Frank O. Elliott (Signature)
Agent
(Title)
9-30-88
(Date)

OIL CONSERVATION DIVISION

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 deviated 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 Forms C-104 must be filed for each pool in multiply completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v.	Diff. Re
Date Spudded 7-24-88	Date Comp. Ready to Prod. 9-10-88	Total Depth 8253'			P.B.T.D. 8220'				
Elevations (DF, RKB, RT, GR, etc.) 7340' GR	Name of Producing Formation Gallup-Dakota	Top Oil/Gas Pay 7076'			Tubing Depth 8019'				
Perforations Dakota: 8022'-8194' (31 holes) Gallup: 7076'-7422' (65 holes)						Depth Casing Shoe 8249'			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT			
12 1/4	8 5/8 24#		833			531 cu. ft.			
7 7/8	4 1/2 11.6#		8249			3 stage 3460 cu. ft.			
	2 3/8 4.7#		8019						

V. 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 8-29-88	Date of Test 9-10-88	Producing Method (Flow, pump, gas lift, etc.) Swab & flow	
Length of Test 8 hours	Tubing Pressure 50	Casing Pressure 360	Choke Size 2"
Actual Prod. During Test 80 bbls. total	Oil-Bbls. 20	Water-Bbls. 60 (frac. - water)	Gas-MCF 20

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