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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

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

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

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SEP 15 1988

OIL CON. DIV
DIST. 3

Operator Elliott Oil Company	
Address P.O. Box 1355, 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 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 Cra	Well No. 4	Pool Name, Including Formation Lindrith Gallup-Dakota West	Kind of Lease State, Federal or Fee Federal	Lease No. SF080536
Location Unit Letter I ; 1650 Feet From The South Line and 990 Feet From The East Line of Section 28 Township 25N Range 3W , NMPM, Rio Arriba County				

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) Box 265, Farmington, New Mexico 87499					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) Box 4990, Farmington, New Mexico 87499					
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 28	Twp. 25N	Rge. 3W	Is gas actually connected? yes	When 9-6-1988

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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 5-15-1988	Date Compl. Ready to Prod 8-29-1988		Total Depth 8067		P.B.T.D. 8025'			
Elevations (DF, RKB, RT, GR, etc.) 7187 G.R.	Name of Producing Formation Gallup-Dakota		Top Oil/Gas Pay GL=6904		Tubing Depth 7812			
Perforations 6904-14, 6928-34, 6954-68, 6972-76, 6984-88, 6996-7004, 7006-10, 7025, 7031, 7066-70, 7076-80, 7087, 7094, 7100, 7106-10, 7114-18, 7126, 7130, 7150-64, 7174-78, 7184-88, 7830, 7990, = 93 holes					Depth Casing Shoe 8061			
TUBING, CASING, AND CEMENTING RECORD								
HOLES SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4	8 5/8 24 #		828		590 Cu. Ft.			
7 7/8	4 1/2 11.6#		8061		3 stage			
	2 3/8" 4.7#		7812		2216 Cu. FT.			

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(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)

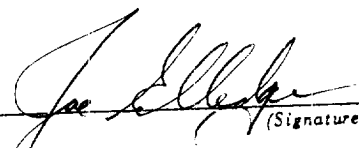
Date First New Oil Run To Tanks 9-6-1988	Date of Test 8-24-88	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hours	Tubing Pressure 240	Casing Pressure 740	Choke Size 64/64
Actual Prod. During Test 70 bbls. total	Oil - Bbls. 60	Water - Bbls. 10	Gas - MCF 30

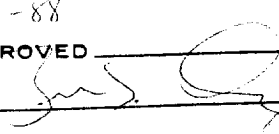
GAS WELL

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

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.


Agent
(Title)
9-14-1988
(Date)

9-6-88 OIL CONSERVATION COMMISSION
APPROVED
BY 
TITLE
SUPERVISOR DISTRICT 3

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 deviation 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 multiple completed wells.

