NO OF LINES HELD		
DISTRIBUTIO	ON	
SANTA FE		
FILE		
u.s.g.s.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
BBOBATION OF	ICE	T -

REQUEST FOR ALLOWABLE AND U.S.G.S. LAND OFFICE IRANSPORTER GAS OPERATOR PRORATION OFFICE Operator ELK OIL COMPANY	Supersedes Old C-104 and C-1	
U.S.G.S. LAND OFFICE IRANSPORTER GAS OPERATOR PROBATION OFFICE Operator ELK OIL COMPANY	Effective 1.1 cc	
LAND OFFICE IRANSPORTER OIL GAS OPERATOR PROPATION OFFICE Operator ELK OIL COMPANY	Effective 1-1-65	
IRANSPORTER OIL GAS OPERATOR PRORATION OFFICE Operator ELK OIL COMPANY	SAS	
I PROPATION OFFICE Operator ELK OIL COMPANY		
OPERATOR I. PRORATION OFFICE Operator ELK OIL COMPANY		
1. PRORATION OFFICE Operator ELK OIL COMPANY		
Operator ELK OIL COMPANY		
ELK OIL COMPANY		
Address		
P O BOX 310, Roswell, New Maxico 88201		
Reason(s) for filing (Check proper box) Other (Please explain)		
New We!1 Change in Transporter of:	grand the trade of the	
Recompletion Oil Dry Gas	god the free out	
Change in Ownershild Casinghead Gas Condensate		
If change of ownership give name Earl L. Jones, Box 736, Tatum, New 'Aex:	lco 88267	
II. DESCRIPTION OF WELL AND LEASE		
Lease Name Well No. Pool Name, Including Formation Kind of Lease	Lease No.	
S. E. Anderson 1 Undesignated State, Federa	lor Fee Fee	
Location		
Unit Letter P : 660 Feet From The South Line and 660 Feet From	_{The} East	
Line of Section 19 Township 9S Range 35E , NMPM, Le	ea County	
THE THE PART OF THE ANGED PETER OF OUT AND MATTER AT CAS		
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate Address (Give address to which appro	ved copy of this form is to be sent)	
Name of Name		
Mobil Oil Co. Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which appro	ved copy of this form is to be sent)	
Doy 1590 mml as Ok		
Wallen Fectoream Unit Sec. Two. Page. Is gas actually connected? Wh		
If well produces oil or liquids, give location of tanks. P 19 98 35E Yes		
If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA		
Oil Well Gas Well New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v	
Designate Type of Completion - (X)		
Date Spudded Date Compl. Ready to Prod. Total Depth	P.B.T.D.	
Elevations (DF, RKB, RT, GR, etc., Name of Producing Formation Top Cti/Gas Pay	Tubing Depth	
Perforations	Depth Casing Shoe	
TUBING, CASING, AND CEMENTING RECORD		
HOLE SIZE CASING & TUBING SIZE DEPTH SET	SACKS CEMENT	
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 allow	
able for this depth or he for full 24 hours)	and made by again to or another top arrow	
OII. WELL Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas li	ft, etc.)	
i i	Choke Size	
Length of Test Tubing Pressure Casing Pressure		
Length of 1881	Gas - MCF	
Length of Test Tubing Pressure Casing Pressure Actual Prod. During Test Oil-Bbls. Water-Bbls.		
Length of Test		
Length of 1981		
Actual Prod. During Test Oil-Bbls. Water-Bbls. GAS WELL	Comply of Condensate	
Actual Prod. During Test Oil-Bbls. Water-Bbls.	Gravity of Condensate	
Actual Prod. During Test Oil-Bbls. Water-Bbls. GAS WELL Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF		
Actual Prod. During Test Oil-Bbls. Water-Bbls. GAS WELL	Gravity of Condensate Choke Size	
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