

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

Form O-104
 Supersedes OIL C-101 and C
 Effective 1-1-65

| | |
|------------------------|------------|
| NO. OF COPIES RECEIVED | |
| DEPARTMENT OF | |
| SANTA FE | |
| FILE | |
| U.S.G.S. | |
| LAND OFFICE | |
| TRANSPORTER | OIL GAS |
| OPERATOR | |
| PRODUCTION OFFICE | |

Operator
ELK OIL COMPANY

Address
P. O. BOX 310, 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"/> | Condensate Gas | <input type="checkbox"/> Condensate <input type="checkbox"/> |

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE (11-1-81)

| | | | |
|----------------------|--|------------------------------|---------------|
| Lease Name | Well No., Pool Name, including Formation | Kind of Lease | Lease No. |
| N. E. Kernitz | 7 Kernitz Morrow R-6810 | State, Federal or Free State | K-6874 |
| Location | | | |
| Unit Letter | Feet From The | Line and | Feet From The |
| F | 1980 North | 1980 | West |
| Line of Section | Township | Range | Lea |
| 9 | 16S | 24E | NMCM |

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | | | | | |
|--|--|-----------|------------|------------|----------------------------|-----------------|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) | | | | | |
| Navajo Crude Oil Purchasing Company | P.O. Drawer 175, Artesia, New Mexico 88210 | | | | | |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) | | | | | |
| Transwestern Pipeline Company | P.O. Box 2521, Houston, Texas 77001 | | | | | |
| If well produces oil or fluids, give location of tanks. | Unit | Sec. | Twp. | Rge. | Is gas actually connected? | When |
| | N | 9S | 16S | 34E | Yes | 10/12/81 |

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

COMPLETION DATA

| | | | | | | | | |
|------------------------------------|-----------------------------|-----------------|-------------------|----------|--------|-----------|--------------|-------|
| Designate Type of Completion - (X) | Oil Well | Gas Well | New Well | Wellbore | Deepen | Plug Back | Stim. Treat. | Part. |
| | | X | X | | | | | |
| Date Spurred | Date Compl. Ready to Prod. | Total Depth | R.D.T.D. | | | | | |
| 4/29/81 | 8/17/81 | 13,450 | 13,409 | | | | | |
| Drillings (DF, RAB, RT, GR, etc.) | Name of Producing Formation | Top Oil/Gas Pay | Tubing Depth | | | | | |
| 4122 Grd. | Morrow | 13,320 | 13,324 | | | | | |
| Perforations | | | Depth Casing Shoe | | | | | |
| 13,320-13,324 | | | 13,450 | | | | | |

TUBING, CASING, AND CEMENTING RECORD

| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
|-----------|----------------------|-----------|--------------|
| 17 | 12 3/4 | 402 | 450 |
| 12 1/4 | 8 5/8 | 4495 | 2500 |
| 7 7/8 | 5 1/2 | 13450 | 825 |
| | 2 3/8 | 13324 | |

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of first volume of test oil and must be equal to or exceed in pool acre for this depth or be for 200 ft. more)

| | | | |
|--------------------------------|-----------------|---|------------|
| Date First New Oil Run To Tank | Date of Test | Production Method (Flow Pump, Gas Lift, etc.) | |
| | | | |
| Depth of Test | Tubing Pressure | Casing Pressure | Choke Size |
| | | | |
| Acres Produced to Test | Oil-IPIS | Water-IPIS | GOR-MCF |
| | | | |

GAS TEST

| | | | |
|---------------------------------|----------------------------|----------------------------|-------------------------|
| Amount of Test Oil | Length of Test | Gas Constant Weight | Gravity of Gas Relative |
| 208 | 4 hrs | -0- | -0- |
| Testing Method (Flow, Gas Lift) | Tubing Pressure (psi-14.7) | Casing Pressure (psi-14.7) | Choke Size |
| Back Pressure | 4500 | Pkr. | 12/64 |

OPERATOR'S STATE 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.

Joseph J. Kelly

OIL CONSERVATION COMMISSION

APPROVED _____, 1981

BY **Orig. Signed By**
Jerry Sexton
Dist. 1, Supv.

TITLE _____

This form is to be filed in compliance with RULE 1104. If this is a request for allowable (a new well drilled or a...