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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION 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

Operator ELLIOTT OIL COMPANY	
Address Box 1355, Roswell, New Mexico 88201	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Other (Please explain) Effective October 1, 1970 the Littman Unit terminated.
Change in Ownership <input checked="" type="checkbox"/>	
If change of ownership give name and address of previous owner Sohio Petroleum Co. - Unit Operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Wylie	Well No. 1	Pool Name, including Formation Littman San Andres	Kind of Lease State, Federal or Foreign Fed. L.C.	Lease No. 069048
Location				
Unit Letter N	990	Feet From The S	Line and 330	Feet From The E
Line of Section 9	Township 21S	Range 38E	Lea 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"/> Shell Pipeline Co.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1910, Midland, Texas					
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 N	Sec. 9	Twp. 21S	Rgs. 38E	Is gas actually connected? No	When

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 7/26/53	Date Compl. Ready to Prod. 9/19/53	Total Depth 4360	P.B.T.D. - - -					
Elevations (DF, RKB, RT, GR, etc.) 3565	Name of Producing Formation San Andres	Top Oil/Gas Pay 4327	Tubing Depth 4354					
Perforations Open hole			Depth Casing Shoe 4321					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE 10"	CASING & TUBING SIZE 8 3/8"		DEPTH SET 1616		SACKS CEMENT 150			
8"	7"		4321		200			

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)

Days First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. 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.

ELLIOTT OIL COMPANY

(Signature)

Owner

Sept. 29, 1970

(Date)

OIL CONSERVATION COMMISSION

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 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 multiply completed wells.

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OCT - 1 1970

OIL CONSERVATION COMM.
HOBBS, N. M.