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Appropriate District Office
DISTRICT | O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

orm C-104 e Instructi

30-025-25532

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

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New Well

Recompletion

Change in Operator

OIL CONSERVATION DIVISION

P.O. Box 2088 Santa Fe, New Mexico 87504-2088 DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION T. TO TRANSPORT OIL AND NATURAL GAS Operator Well API No. Prime Operating Company Address 731 W. Wadley, Bldg. L-220, Midland, TX 79705 Reason(s) for Filing (Check proper box) Other (Please explain)

Oil

Change in Transporter of:

Casinghea i Gas Condensate

Dry Gas

If change of operator give name and address of previous operator Elk Energy Corporation, 1625 Larimer, Suite 2403, Denver, CO 80202 II. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including Formation Kind of Lease State, Federal or Fee Lease No. Wells B-1 4 Jalmat/Tnsl-Yts-7 Rvrs LC-032582B Location 660 East Line and _ 1980 South Unit Letter _ Feet From The _ Feet From The Line Section 1 25 S 36E Township Lea Range NMPM. County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil	75.25	or Condens	te 5	⇉	Address (Giv	e address to wi	tich approved	copy of this	form is to be se	ent)
Enron Oil Trading & Tr		ion	<u>ا</u>	~		38, Houst				~- ,
Name of Authorized Transporter of Casinghead Gas or Dry Gas Sid Richardson Carbon & Gasoline					Address (Give address to which approved copy of this form is to be sent) 201 Main, Ft. Worth, TX 76102					
If well produces oil or liquids, give location of tanks.	Unit C		Vp. 255	Rge. 36E	is gas actuali Yes	y connected?	When	7 10-10	- 77	
If this production is commingled with that IV. COMPLETION DATA	from any other		1	_		per:				
Designate Type of Completion	- (X)	Oil Well	Ge	Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Smidded	Data Compl	Dandara B	 _		T-4-1 D4	L	L		<u> </u>	<u> </u>

Designate Type of Completion	n - (X)			1	i wazotei	l Dechen	I LINE DECK	lomine was a	Dili Kes v
Date Spudded	Date Compl	Ready to Pro	od.	Total Depth	I	L	P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Pro	ducing Forms	kion	Top Oil/Gas	Pay		Tubing Dep	th	
Perforations	<u> </u>						Depth Casin	g Shoe	
	π	BING, CA	SING AND	CEMENTI	NG RECOR	D		<u></u>	
HOLE SIZE		ING & TUBIN			DEPTH SET			SACKS CEM	ENT
				1					

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pur	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	<u> </u>		

GAS WELL

Actual Prod. Test - MCF/D			
ACTUAL PTOOL TEST - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
			,
			ļ į
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
	1		

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

All distort	HO
Signature Earl W. Levea	District Manager
Printed Name 10/6/92	Title 915 582-5600
Date //	Telephone No.

OIL CONSERVATION DIVISION

OCT 1

By ORIGINAL SIGNED BY JERRY SEXTON DISTRICT | SUFFIX YEAR

Title_

Date Approved

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.