

District I  
1625 N. French Dr., Hobbs, NM 88240  
District II  
811 South First, Artesia, NM 88210  
District III  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV  
2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals & Natural Resources  
OIL CONSERVATION DIVISION  
2040 South Pacheco  
Santa Fe, NM 87505

CIS  
LT  
GT  
OFF

Form C-104  
Revised March 25, 1999  
Submit to Appropriate District Office  
5 Copies

☐ AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

<sup>1</sup> Operator name and Address <b>ELK OIL COMPANY POST OFFICE BOX 310 ROSWELL, NEW MEXICO 88202-0310</b>		<sup>2</sup> OGRID Number <b>7147</b>
		<sup>3</sup> Reason for Filing Code <b>RC</b>
<sup>4</sup> API Number <b>30 - 0 05-61870</b>	<sup>5</sup> Pool Name <b>Pecos Slope Abo</b>	<sup>6</sup> Pool Code <b>82730</b>
<sup>7</sup> Property Code <b>3958</b>	<sup>8</sup> Property Name <b>Aikman State Comm</b>	<sup>9</sup> Well Number <b>1</b>

II. <sup>10</sup> Surface Location

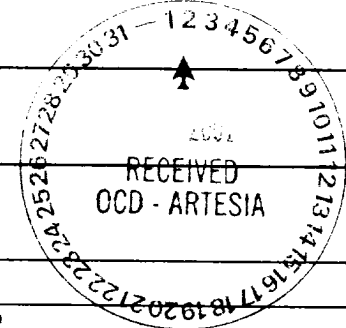
UL or lot no. <b>I</b>	Section <b>14</b>	Township <b>9S</b>	Range <b>26E</b>	Lot Idn	Feet from the <b>1980</b>	North/South Line <b>South</b>	Feet from the <b>660</b>	East/West line <b>East</b>	County <b>Chaves</b>
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<sup>11</sup> Bottom Hole Location

UL or lot no. <b>I</b>	Section <b>14</b>	Township <b>9S</b>	Range <b>26E</b>	Lot Idn	Feet from the <b>1980</b>	North/South line <b>South</b>	Feet from the <b>660</b>	East/West line <b>East</b>	County <b>Chaves</b>
<sup>12</sup> Lse Code	<sup>13</sup> Producing Method Code	<sup>14</sup> Gas Connection Date	<sup>15</sup> C-129 Permit Number	<sup>16</sup> C-129 Effective Date	<sup>17</sup> C-129 Expiration Date				

III. Oil and Gas Transporters

<sup>18</sup> Transporter OGRID	<sup>19</sup> Transporter Name and Address	<sup>20</sup> POD	<sup>21</sup> O/G	<sup>22</sup> POD ULSTR Location and Description
<b>147831</b>	<b>Agave Energy Company 105 South Fourth Street Artesia, New Mexico 88210</b>	<b>924930</b>	<b>G</b>	
<b>167356</b>	<b>Plains Marketing, L.P. Post Office Box 4648 Houston, Texas 77210-4648</b>	<b>0924910</b>	<b>O</b>	



IV. Produced Water

<sup>23</sup> POD <b>924950</b>	<sup>24</sup> POD ULSTR Location and Description
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V. Well Completion Data

<sup>25</sup> Spud Date <b>12/21/83</b>	<sup>26</sup> Ready Date <b>12/21/00</b>	<sup>27</sup> TD <b>6150'</b>	<sup>28</sup> PBDT <b>5216'</b>	<sup>29</sup> Perforations <b>4851'-4863'</b>	<sup>30</sup> DHC, MC
<sup>31</sup> Hole Size <b>12"</b>	<sup>32</sup> Casing & Tubing Size <b>8 5/8"</b>	<sup>33</sup> Depth Set <b>985'</b>	<sup>34</sup> Sacks Cement <b>525 SXS</b>		
<b>7 7/8"</b>	<b>4 1/2"</b>	<b>6150'</b>	<b>650 SXS</b>		
	<b>2 3/8"</b>	<b>5196"</b>			

VI. Well Test Data

<sup>35</sup> Date New Oil <b>N/A</b>	<sup>36</sup> Gas Delivery Date <b>12/21/00</b>	<sup>37</sup> Test Date <b>12/21/00</b>	<sup>38</sup> Test Length <b>24 hrs</b>	<sup>39</sup> Tbg. Pressure <b>180</b>	<sup>40</sup> Csg. Pressure <b>200</b>
<sup>41</sup> Choke Size <b>16/64"</b>	<sup>42</sup> Oil <b>0</b>	<sup>43</sup> Water <b>0</b>	<sup>44</sup> Gas <b>350,000</b>	<sup>45</sup> AOF <b>350,000</b>	<sup>46</sup> Test Method <b>Flowing</b>

<sup>47</sup> I hereby certify that the rules 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.

Signature: **ELK OIL COMPANY**

Printed name: **Joseph J. Kelly**

Title: **President**

Date: **12/29/2000**

Phone: **505-623-3190**

Approved by:

**ORIGINAL SIGNED BY TIM W. BUI  
DISTRICT II SUPERVISOR**

Title:

Approval Date:

**JAN 08 2001**

<sup>48</sup> If this is a change of operator fill in the OGRID number and name of the previous operator

Previous Operator Signature

Printed Name

Title

Date

New Mexico Oil Conservation Division  
C-104 Instructions

IF THIS IS AN AMENDED REPORT, CHECK THE BOX LABELED "AMENDED REPORT" AT THE TOP OF THIS DOCUMENT

Report all gas volumes at 15.025 PSIA at 60°.  
Report all oil volumes to the nearest whole barrel.

A request for allowable for a newly drilled or deepened well must be accompanied by a tabulation of the deviation tests conducted in accordance with Rule 111.

All sections of this form must be filled out for allowable requests on new and recompleted wells.

Fill out only sections I, II, III, IV, and the operator certifications for changes of operator, property name, well number, transporter, or other such changes.

A separate C-104 must be filed for each pool in a multiple completion.

Improperly filled out or incomplete forms may be returned to operators unapproved.

1. Operator's name and address
2. Operator's OGRID number. If you do not have one, it will be assigned and filled in by the District office.
3. Reason for filing code from the following table:  
NW New Well  
RC Recompletion  
CH Change of Operator  
AO Add oil/condensate transporter  
CO Change oil/condensate transporter  
AG Add gas transporter  
CG Change gas transporter  
RT Request for test allowable (Include volume requested)  
If for any other reason write that reason in this box.
4. The API number of this well.
5. The name of the pool for this completion.
6. The pool code for this pool.
7. The property code for this completion.
8. The property name (well name) for this completion.
9. The well number for this completion.
10. The surface location of this completion. NOTE: If the United States government survey designates a Lot Number for this location use that number in the 'UL or lot no.' box. Otherwise use the OCD unit letter.
11. The bottom hole location of this completion.
12. Lease code from the following table:  
F Federal  
S State  
P Fee  
J Jicarilla  
N Navajo  
U Ute Mountain Ute  
I Other Indian Tribe
13. The producing method code from the following table:  
F Flowing  
P Pumping or other artificial lift
14. MM/DD/YY that this completion was first connected to a gas transporter.
15. The permit number from the District approved C-129 for this completion.
16. MM/DD/YY of the C-129 approval for this completion.
17. MM/DD/YY of the expiration of C-129 approval for this completion.
18. The gas or oil transporter's OGRID number.
19. Name and address of the transporter of the product.
20. The number assigned to the POD from which this product will be transported by this transporter. If this is a new well or recompletion and this POD has no number, the district office will assign a number and write it here.
21. Product code from the following table:  
O Oil  
G Gas
22. The ULSTR location of this POD if it is different from the well completion location and a short description of the POD (Example: "Battery A", "Jones CPD", etc.)
23. The POD number of the storage from which water is moved from this property. If this is a new well or recompletion and this POD has no number, the district office will assign a number and write it here.
24. The ULSTR location of this POD if it is different from the well completion location and a short description of the POD (Example: "Battery A Water Tank", "Jones CPD Water Tank", etc.).
25. MO/DA/YR drilling commenced.
26. MO/DA/YR this completion was ready to produce.
27. Total vertical depth of the well.
28. Plugback vertical depth.
29. Top and bottom perforation in this completion or casing shoe and TD if openhole.
30. Write in 'DHIC' if this completion is downhole commingled with another completion or 'MC' if there is more than one non-commingled completion in this well bore. Attach actual completed well bore diagram
31. Outside diameter of the casing and tubing.
32. Depth of casing and tubing. If a casing liner, show top and bottom.
33. Number of sacks of cement used per casing string.  
The following test data is for an oil well. It must be from a test conducted only after the total volume of load oil is recovered.
34. MM/DD/YY that new oil was first produced.
35. MM/DD/YY that gas was first produced into a pipeline.
36. MM/DD/YY that the following test was completed.
37. Length in hours of the test.
38. Flowing tubing pressure - oil wells  
Shut-in tubing pressure - gas wells
39. Flowing casing pressure - oil wells  
Shut-in casing pressure - gas wells
40. Diameter of the choke used in the test.
41. Barrels of oil produced during the test.
42. Barrels of water produced during the test.
43. MCF of gas produced during the test.
44. Gas well calculated absolute open flow in MCF/D.
45. The method used to test the well:  
F Flowing  
P Pumping  
S Swabbing  
If other method please write it in.
46. The signature, printed name, and title of the person authorized to make this report, the date this report was signed, and the telephone number to call for questions about this report.
47. The previous operator's name, the signature, printed name, and title of the previous operator's representative authorized to verify that the previous operator no longer operates this completion, and the date this report was signed by that person.