District I PO Box 1980, Hobbs, NM 88241-1980 District II

PO Drawer DD, Artesla, NM 88211-0719

OIL CONSERVATION DIVISION

State of New Mexico
Energy, Minerals & Natural Resources Department

| cbf |
|---------------------------------------|
| Form C-10427 |
| Revised February 10, 1994 |
| Instructions on back |
| Submit to Appropriate District Office |
| 5 Copies |
| C ALCENDED BERODE |

| istrict III | D1 4-4 | NN 4 9741A | | | | x 2088 | 2000 | | | | | 5 Copies | |
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| 000 Rio Brazos istrict IV | Kd., Aztec | , NM 8/410 | | Santa F | re, NN | 4 87504 | -2088 | | | | AME | NDED REPORT | |
| O Box 2088, Sa | ınta Fe, NA | A 87504-2088 | | | | | | | | لبسا | _ | MODE REFORM | |
| • | R | EQUES | | | | ND AU | THOR | (ZAT) | ON TO TR | | | | |
| | | | Operator nam | • | | ¹ OGRID Number | | | | | | | |
| ELK OIL COMPANY Post Office Box 310 | | | | | | | 007147 | | | | | | |
| | | | x 310 Mexico 88 | , | | ³ Reason for Filing Code | | | | | | | |
| • | Koswei | i, new h | nexico oo | , | | CG | | | | | | | |
| 'API Number 'I | | | | | | | ool Name | | | | ' Pool Code | | |
| 30 - 0 05- | | | Foor Ranch Pre-Permian | | | | | | 76730 | | | | |
| ' Property Code | | | ¹ Property Name | | | | | | * Well Number | | | | |
| | 3990 | | Viking State Comm. | | | | | | | İ | 2 | | |
| II. IO Surface Location | | | | | | | | | | | | | |
| Ul or lot no. | Section | Township | | Lot.ldn | Feet fro | m the | he North/South Line | | Feet from the | East/We | cut line | County | |
| | | 1 | | | 1 10 | 1000 | | rth | 1980 | East | | Chaves | |
| G | 19 | 9S | 27E 1980 | | | | No | rtn | 1960 | Last Chaves | | Chaves | |
| · · · · · · · · · · · · · · · · · · · | | Hole Lo | | | | | | | | | | | |
| UL or lot no. | Section | Township | - 1 | Lot Ida | Feet in | | North/So | | Feet from the | East/We | 1 | County Chaves | |
| G | 19 | 9S | 27E | | 19 | 80 | North | | 1980 | East | | Chaves | |
| 12 Lee Code | 19 Produc | cing Method (| Code 14 Gas | Connection Da | ile 18 | C-129 Perm | it Number | ' | C-129 Effective I | Date | 17 C- | 129 Expiration Date | |
| | | | | | 1 | | | | | | | | |
| III. Oil a | nd Gas | Transpo | rters | | | | | | | | | | |
| Transpor | | | | " Transporter Name | | | | 31 O/G | 22 POD ULSTR Location | | | | |
| ogrid | | | and Addres | | | | | | and Description | | | | |
| 147021 | | | | Energy Company | | | 830 | G | | | | | |
| | | | outh Fourth Street a, New Mexico 88210 | | | N. Carlot | | | | | | | |
| | | Artesi | a, New Me | 3x1CO 884 | ,10 | | أستند ديسا | Same and | <u> </u> | · | | | |
| 2044 | 15 5 | curlo | ck 28 | | | 2806 | 884 | 0 | | | | | |
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| 300 /00 04 02 LOS | | | | | | | lika Penila | | ļ | | | ······································ | |
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| Xxx. Salas paragraphics and | | | | | | lindlikaja orași. | sucurto control | . (%) | <u>ii u</u> | | | 1,144 | |
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| IV. Prod | uced W | Jotor | | | | odkazak adari | | branch while | . | 7/23/ | 75 557 | | |
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| | rob | • | | | | - 100 0 | LSTR Loca | tion and | Description | D [| OT. | 2 | |
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| | | etion Da | | | | | | | | | | | |
| 35 Spud Date | | | 16 Ready D | מד יי | מד יי | | " PBTD | | 2º Perforations | | | | |
| | | | | | | | | | | | | | |
| ³º Hole Size | | 31 Casing & Tubing Size | | | |) | 1 Depth S | iet | | " Sac | ks Cement | | |
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| VI. Well | l Test I | Data | | | | | | | | | | | |
| Date New Oil | | | | | | | " Test Length " To | | | . Pressure " Csg. Pressure | | | |
| } | | | Too Date | | | l | | ~ mg cm | 10g. 11caudie | | | Cig. Pressure | |
| # Cha | ke Size | | " Oil | | 1 | | | | | | | | |
| | | " Oll Water | | | | 47 Gas | | " AOF | | | 4 Test Method | | |
| | | | | | | | | | | | | | |
| 4 I hereby cer | tify that the | rules of the C | Oil Conservation | Division have b | een compli | ed | | •• | | | | | |
| | | | ve is true and cor COMPAN | | st of my | | O | IL CO | ONSERVAT | I NOI | SIVIC | SION | |
| Signature: | | | | | | | Approved by: | | | | | | |
| Printed name: | | | | | | | SUPERVISOR, DISTRICT II | | | | | | |
| Printed name: Joseph J. Kelly | | | | | | | Title: | | | | | | |
| Tide: President | | | | | | | Approval Date: | | | | | | |
| Date: November 21, 1995 Phone: (505)623-3190 | | | | | | | NOV 2 8 1995 | | | | | | |
| | | | n the OGRID m | | | | | | | | | | |
| 11455 | change of | operator IIII I | a me OGKID m | nmoet and man | ne or une p | previous ope | ratur | | | | | | |
| | s Operator S | ionelure | · | D.1. | Printed Name Title Date | | | | | | | | |
| 11 | | | | | £ 111 | Printed Name Title Date | | | | | | | |



IF THIS IS AN AMENDED REPORT, CHECK THE BOX LABLED "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.

ate C-104 must be filed for each pool in a multiple

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

- 1. Operator's name and address
- Operator's OGRID number. If you do not have one it will be assigned and filled in by the District office. 2.
- 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 ges 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
- The well number for this completion 9.
- 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. 10.
- 11. The bottom hole location of this completion
- Lease code from the following table:
 Federal
 S State
 P Fee
 J Jicarilla
 N Navajo
 U Ute Mountain Ute
 Other Indian Tribe 12.

- 13. The producing method code from the following table: Flowing Pumping or other artificial lift
- MO/DA/YR that this completion was first connected to a 14.
- 15. The permit number from the District approved C-129 for
- MO/DA/YR of the C-129 approval for this completion 16.
- MO/DA/YR of the expiration of C-129 approval for this 17.
- 18. The gas or oil transporter's OGRID number
- Name and address of the transporter of the product 19
- 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. 20.
- Product code from the following table:
 O Oil
 G Gas 21.

- T! e 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.)
- 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. 23.
- 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" atc.) 24. (Example: " 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
- Top and bottom perforation in this completion or casing shoe and TD if openhole 29.
- 30. Inside diameter of the well bore
- 31. Outside diameter of the casing and tubing
- Depth of casing and tubing. If a casing liner show top and 32.
- 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.

- MO/DA/YR that new oil was first produced 34
- MO/DA/YR that gas was first produced into a pipeline 35.
- MO/DA/YR that the following test was completed 36.
- 37. Length in hours of the test
- Flowing tubing pressure oil wells Shut-in tubing pressure gas wells 38.
- 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 Swabbling
 If other method please write it in.
- 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 46.
- 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 lunger operates this completion, and the date this report was signed by that person 47.