		• ·	
DIST RHIUTION		\square	• •
ANTAFE		FOR ALLOWABLE	Form C+104 Supersedes Old C+104 and C+11 Effective 1+1+65
5 5 5.	AUTHORIZATION TO TR	AND ANSPORT OIL AND NATURAL G	4S
AND OFFICE OIL			IECEIVED
GAS			MAY 1 9 1977
RORATION OFFICE		•	0. C. C.
dress	OIL CORPORATION	*****	
Box 848 -	Roswell, New Mexico 8	8201 Other (Please explain)	
sw Well	Change in Transporter of:		
ecompletion Lange in Ownership X	Oil Dry G Casinghead Gas Conde		
change of ownership give name 1 address of previous owner	JACK L. McCLELLAN	- Box 848 - Roswell,	NEW MEXICO 88201
SCRIPTION OF WELL AN	DLEASE		
ELYSE FEDERAL	Well No. Pool Name, Including F #2 DOUBLE L - (4	FEDERAL Lease No. or Fee NM 0199070
Unit Letter	650 Feet From The S	ne and 2310 Feet From Th	E
21	L)IS	205	V.C. C
	Tomothe Product		VES County
ame of Authorized Transporter of (Address (Give address to which approve	ed copy of this form is to be sent)
AVAJO REFINING Co me of Authorized Transporter of G	D PIPELINE DIVISION Casinghead Gas 🔯 or Dry Gas 🗔	ARTESIA, NEW MEXIC Address (Give address to which approve	
HILLIPS PETROLEUN	Unit Sec. Twp. Rge.	BARTLESVILLE, OKLA Is gas actually connected? Wher	
well produces oil or liquids, we location of tanks.	0 31 145 29E	YES	March 1971
his production is commingled MPLETION DATA	with that from any other lease or pool,	give commingling order number:	
Designate Type of Comple	tion - (X)	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.
ite Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
evations (DF, RKB, RT, GR, etc.	; Name of Producing Formation	Top Oll/Gas Pay	Tubing Depth
rforations	<u> </u>		Depth Casing Shoe
		D CEMENTING RECORD	
HOLESIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
CST DATA AND REQUEST L WELL ito First New Cil Run To Tanks		ifter recovery of total volume of load oil an epth or be for full 24 hours)	
		Producing Method (Flow, pump, gas lift,	, e.c.,
ingth of Teat	Tubing Pressure	Casing Pressure	Choke Size
rtual Prod. During Test	Oil-Bbis.	Water-Bbls,	Gas-MCF
AS WELL			
tual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
sting Mothed (pitot, back pr.)	Tubing Pressure (Ehut-in)	Casing Pressure (Shut-in)	Choke Size
RTIFICATE OF COMPLIA	NCE		
ashy partify that the sylar as	d secolations of the Oil Communities	APPROVEDSEP	1919/2 1919/2
ereby certify that the rules and regulations of the Oil Conservation nmission have been complied with and that the information given over is true and complete to the best of my knowledge and belief.		BY	Orig. Signed by
	•	TITLE	Joe D. Ramey Dist, I, Supy.
alut A. A		This form is to be filed in compliance with RULE 1104.	
Club G G (Signature)		If this is a request for allowable for a newly drilled or despend well, this form must be accompanied by a tabulation of the deviation	
PRODUCTION SUPERINTENDENT (Tub)		tusts taken on the well in accordance with HULE 111. All sections of this form must be filled out completely for allow-	
SEPTEMBER 1, 19	72	able on new and recompleted woll Fill out only Sections I, II,	III, and VI for changes of owner,
((Dute)	Well name or sumbor, or transporter	, or other such change of condition.

-Se