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

I.

Operator		ELK OIL COMPANY	
Address		Box 310 Roswell, New Mexico 88201	
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
"JW" STATE	1	Wildcat Queen	State, Federal or Fee State	L-729
Location				
Unit Letter	K	1677 Feet From The	West	Line and 2300 Feet From The
Line of Section	30	Township	15S	Range 29E, NMFM, Chaves County

SCURLOCK PERMIAN CORP EFF 9-1-91

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil	<input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
WESTERN OIL TRANSPORTATION (EX 9/1/67)		Hobbs, New Mexico	
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	Sec.	Twp.
	K	30	15S
			Rge. 29E
Is gas actually connected?		When	

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
XX			X					
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
10-7-69	11-30-69		1705					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
3710 GR	Queen		1506		1540			
Perforations					Depth Casing Shoe			
8 h 1506-1510					1697			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
10	8 5/8		317		150			
8 1/4	5 1/2		1697		253			
	2 3/8		1540					

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(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)

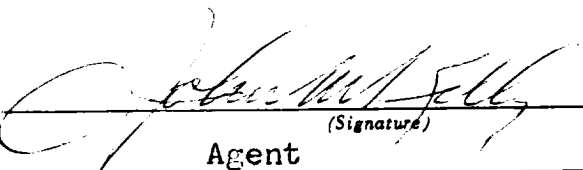
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
11-30-69	11-30-69	Pump	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hours	open	No	open
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
	25	5	TSTM

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, 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.

  
Agent  
(Title)  
12-3-69  
(Date)

OIL CONSERVATION COMMISSION

APPROVED DEC 9 1969, 19  
BY W. A. Gressett  
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.