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	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

RECEIVED

APR 16 1973

I.

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

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Amoco State <u>Conn.</u>	Well No. 1	Pool Name, Including Formation Round Tank Queen	Kind of Lease State, Federal or Fee State	Lease No. L-803
Location				
Unit Letter A	330	Feet From The North	Line and 350	Feet From The East
Line of Section 36	Township 15 South	Range 28 East	, NMPM, Chaves County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
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.	Rge.
	Is gas actually connected? NO	
	When Shut-in	

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	XX					
Date Spudded 9/27/72	Date Compl. Ready to Prod. 11/17/72	Total Depth 1475'	P.B.T.D. 1465'					
Elevations (DF, RKB, RT, GR, etc.) 3660 Gr	Name of Producing Formation Queen	Top Oil/Gas Pay 1416'	Tubing Depth 1430'					
Perforations 1416, 17, 18, 19, 20, 21, 22, 23, 24, 25; 2 SPF			Depth Casing Shoe 1465'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12	8-5/8	200	100					
8	4-1/2	1465	200					
	2-3/8	1430						

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.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D 948,000	Length of Test 4 hrs.	Bbls. Condensate/MMCF -0-	Gravity of Condensate -0-
Testing Method (pitot, back pr.) Back press. <u>pitot</u>	Tubing Pressure (Shut-in) 360	Casing Pressure (Shut-in) 360	Choke Size 22/64

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.



President
(Title)
April 13, 1973
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19_____
BY _____
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.

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I. Operator
ELK OIL COMPANY

Address
P. O. Box 310, Roswell, New Mexico 88201

Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Amoco State Corn.	Well No. 1	Pool Name, Including Formation Round Tank Queen	Kind of Lease State, Federal or Fee	Lease No. L-803
Location Unit Letter A ; 330 Feet From The North Line and 350 Feet From The East				
Line of Section 36 Township 15 South Range 28 East , NMPM, Chaves County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
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.	Rge.	Is gas actually connected? No	When Shut-in

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	XX					
Date Spudded 9/27/72	Date Compl. Ready to Prod. 11/17/72	Total Depth 1475'	P.B.T.D. 1465'					
Elevations (DF, RKB, RT, GR, etc.) 3660 Gr	Name of Producing Formation Queen	Top Oil/Gas Pay 1416'	Tubing Depth 1430'					
Perforations 1416, 17, 18, 19, 20, 21, 22, 23, 24, 25; 2 SPF			Depth Casing Shoe 1465'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12	8-5/8		200		100			
8	4-1/2		1465		200			
	2-3/8		1430					

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.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D 948,000	Length of Test 4 hrs.	Bbls. Condensate/MMCF -0-	Gravity of Condensate -0-
Testing Method (pitot, back pr.) Back press.	Tubing Pressure (Shut-in) 360	Casing Pressure (Shut-in) 360	Choke Size 22/64

VI. CERTIFICATE OF COMPLIANCE

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President
April 13, 1973
(Date)

OIL CONSERVATION COMMISSION

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AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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Effective 1-1-65

I.

Operator ELK OIL COMPANY	
Address P. O. Box 310, Roswell, New Mexico 86201	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain)	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Amoco State Com.	Well No. 1	Pool Name, Including Formation Round Tank Queen	Kind of Lease State, Federal or Fee	State State	Lease No. L-803
Location					
Unit Letter 7 ; 330 Feet From The North Line and 350 Feet From The East					
Line of Section 36 Township 15 South Range 26 East , NMPM, Chaves County					

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
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.	Rge.	Is gas actually connected? NO	When Shut-in

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	XX					
Date Spudded 9/27/72	Date Compl. Ready to Prod. 11/17/72	Total Depth 1475'	P.B.T.D. 1465'					
Elevations (DF, RKB, RT, GR, etc.) 3660 Gr	Name of Producing Formation Queen	Top Oil/Gas Pay 1410'	Tubing Depth 1430'					
Perforations 1416, 17, 18, 19, 20, 21, 22, 23, 24, 25; 2 SPF			Depth Casing Shoe 1465'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE 12	CASING & TUBING SIZE 8-5/8	DEPTH SET 200	SACKS CEMENT 100					
8	4-1/2	1465	200					
	2-3/8	1430						

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)

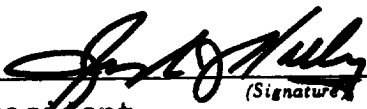
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D 948,000	Length of Test 4 hrs.	Bbls. Condensate/MMCF -0-	Gravity of Condensate -0-
Testing Method (pitot, back pr.) Back press.	Tubing Pressure (Shut-in) 360	Casing Pressure (Shut-in) 360	Choke Size 22/64

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.


President
April 13, 1973
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY _____
TITLE _____

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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.
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I.

Operator ELK OIL COMPANY		O. C. C.	
Address P O Box 310, Roswell, New Mexico 88201		ARTESIA, OFFICE	
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"/> Dry Gas <input type="checkbox"/>		
Change in Ownership <input type="checkbox"/>	Casinghead 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 Amoco State Corp.	Well No. 1	Pool Name, Including Formation Round Tank Queen	Kind of Lease State, Federal or Fee State	Lease No. L-803
Location Unit Letter <u>A</u> , <u>330</u> Feet From The <u>North</u> Line and <u>350</u> Feet From The <u>East</u> Line of Section <u>36</u> Township <u>15 South</u> Range <u>28 East</u> , NMPM, <u>Chaves</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
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.	Rge.	Is gas actually connected?	When
					No	Shut-in

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	XX					
Date Spudded 9/27/72	Date Compl. Ready to Prod. 11/17/72		Total Depth 1475		P.B.T.D. 1465			
Elevations (DF, RKB, RT, GR, etc.) 3660	Name of Producing Formation Queen		Top Oil/Gas Pay 1416		Tubing Depth 1430			
Perforations 1416, 17, 18, 19, 20, 21, 22, 23, 24, 25; 2 SPF					Depth Casing Shoe 1465			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12	8-5/8		200		100			
8	4-1/2		1465		250			
	2-3/8		1430					

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.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D 948,000	Length of Test 4 hrs.	Bbls. Condensate/MMCF -0-	Gravity of Condensate -0-
Testing Method (pitot, back pr.) back press.	Tubing Pressure (Shut-in) 360	Casing Pressure (Shut-in) 360	Choke Size 22/64

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.



President
(Title)
April 13, 1973
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I. Operator
ELK OIL COMPANY
Address
P O Box 310, Roswell, New Mexico 88201
Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Amoco State Corp.	Well No. 1	Pool Name, Including Formation Round Tank Queen	Kind of Lease State, Federal or Fee State	Lease No. L-803
Location Unit Letter A, 330 Feet From The North Line and 350 Feet From The East Line of Section 36 Township 15 South Range 28 East, NMPM, Chaves County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
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.	Rge.	Is gas actually connected? No	When Shut-in

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	XX					
Date Spudded 9/27/72	Date Compl. Ready to Prod. 11/17/72		Total Depth 1475		P.B.T.D. 1465			
Elevations (DF, RKB, RT, GR, etc.) 3660	Name of Producing Formation Queen		Top Oil/Gas Pay 1416		Tubing Depth 1430			
Perforations 1416, 17, 18, 19, 20, 21, 22, 23, 24, 25; 2 SPF					Depth Casing Shoe 1465			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12	8-5/8		200		100			
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	2-3/8		1430					

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.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test-MCF/D 948,000	Length of Test 4 hrs.	Bbls. Condensate/MMCF -0-	Gravity of Condensate ~0-
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Reason(s) for filing (Check proper box) Other (Please explain)

New Well <input checked="" type="checkbox"/>	Change in Transporter of:	
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		XX	XX					
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Perforations 1416,17,18,19,20,21,22,23,24,25; 2 SPF				Depth Casing Shoe 1465				
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12	8-5/8		200		100			
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	2-3/8		1430					

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.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test-MCF/D 948,000	Length of Test 4 hrs.	Bbls. Condensate/MMCF -0-	Gravity of Condensate -0-
Testing Method (pilot, back pr.) back press.	Tubing Pressure (shut-in) 360	Casing Pressure (shut-in) 360	Choke Size 22/64

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President

April 13, 1973 (Title)
(Date)

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APPROVED _____, 19

BY _____

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