	NO. OF COPIES RECEIVED DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE	REQUEST	CONSERVATION COMMISSION FOR ALLOWABLE AND ANSPORT OIL AND NATUR	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65 AL GAS	
I.	IRANSPORTER OIL GAS OPERATOR PRORATION OFFICE		APR 1 6 1973	· · · · · · · · · · · · · · · · · · ·	
	Operator ELK OIL COMPANY				
	Address D Box 310 Do	swell, New Mexico 88	ARTESIA, OFFICE		
	Reason(s) for filing (Check proper box New Well X Recompletion Change in Ownership	Change in Transporter of: Oil Dry G	Other (Please explain)		
	If change of ownership give name and address of previous owner				
11.	DESCRIPTION OF WELL AND Lease Name AMOCO State Com, Location Unit Letter	LEASE Well No. Pool Name, Including F L Round Tank 330 Feet From The North	Queen State, Fo	ederal or Fee State L-803	
	36	15 Couth 2	0 To at	Chavos	
				Cliaves County	
III.	Name of Authorized Transporter of OI		Address (Give address to which a	approved copy of this form is to be sent)	
	Name of Authorized Transporter of Ca If well produces oil or liquids,	singhead Gas or Dry Gas	Address (Give address to which a ls gas actually connected?	pproved copy of this form is to be sent) When Shut-in	
	give location of tanks.	th that from any other lease or pool.		·	
	COMPLETION DATA Designate Type of Completion	Oil Well Gas Well	New Well Workover Deeper	······	
	Date Spudded 9/27/72	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	Elevations (DF, RKB, RT, CR, etc.) 3660 Gr	11/17/72 Name of Producing Formation Queen	1475' Top Oil/Gas Pay 1416'	1465' Tubing Depth 1430'	
	Perforations 1416,17,18,19,20,2	21,22,23,24,25; 2 SP	F	Depth Casing Shoe	
		TUBING, CASING, ANI	D CEMENTING RECORD		
	HOLE SIZE	CASING & TUBING SIZE 8-5/8	200		
	8	4-1/2	1465		
		2-3/8	1430		
	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow- able for this depth or be for full 24 hours)				
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, go	13 (L)(, etc.)	
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas - MCF	
	GAS WELL				
ſ	Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate	
ļ	948,000 Testing Method (pitot, back pr.)	4 hrs. Tubing Pressure (Shut-in)	-0- Casing Pressure (Shut-in)	-0- Choke Size	
	Back press.	360	360	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.		OIL CONSERVATION COMMISSION APPROVED		
-					
-			tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allow- able on new and recompleted wells.		
-	April 13, 1973 (Da	le)	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		

	NO. OF COPIES RECEIVED DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE		CONSERVATION COMM FOR ALLOWABLE AND ANSPORT OIL AND I	•	Form C-104 Supersedes Old C-104 and C-11 Effective 1-1-65	
TRANSPORTER OIL RECEIV						
1.	OPERATOR PRORATION OFFICE	م	PR 1 6 1973			
	Operator ELK OIL COMPANY	Operator				
	Address P. O. Box 310, Ros	swell, New Mexico 88	ZUI OFFICE			
	Reason(s) for filing (Check proper box)	Other (Please	explain)		
	New Well X	Change in Transporter of: Oil Dry Go				
	Change in Ownership	Casinghead Gas Conde				
	If change of ownership give name and address of previous owner					
II.	DESCRIPTION OF WELL AND	LEASE Well No. Pool Name, Including F	armation	Kind of Lease		
	Amoco State Com.	1 Round Tank		State, Federal or Fee	State L-803	
	Location Unit Letter	330 Feet From The NorthLir	350	Feet From The	leren -	
	36		S Fact	Chave	S -	
	Line of Section 10	wnsnip Range	, NMPM		County	
111.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA		o which approved cop	of this form is to be sent)	
	Name of Authorized Transporter of Ca	singhead Gas 🚺 or Dry Gas 🗍	Address (Give address)	o which approved cop	(of this form is to be sent)	
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. P.ge.	Is gas actually connecte NO	when Shut-	·in	
	If this production is commingled wi COMPLETION DATA	th that from any other lease or pool,	give commingling order	number:	3	
	Designate Type of Completio	on - (X) Oil Well Gas Well XX	New Well Workover	Deepen Plug	Back Same Res'v. Diff. Res'v.	
	Date Spudded 9/27/72	Date Compl. Ready to Prod. 11/17/72	Total Depth 1475	Р.В.1 1 46		
	Elevations (DF, RKB, RT, GR, etc.) 3650 Gr	Name of Producing Formation	Top Oil/Gas Pay 1416'	Tubin 143	g Depth 30	
	Perforations 1416,17,18,19,20,21,22,23,24,25; 2 SP1		F.	Depth	Casing Shoe	
		D CEMENTING RECOR				
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SE	<u>ст</u>	SACKS CEMENT	
	12	8-5/8 4-1/2	<u>200</u> 1465		<u>100</u> 200	
	0	2-3/8	1430		200	
v.	TEST DATA AND REQUEST FO OIL WELL Date First New Cil Bun To Tanks	OR ALLOWABLE (Test must be a able for this de	ifter recovery of total volu opth or be for full 24 hours Producing Method (Flou)		
	· · · · · · · · · · · · · · · · ·				······	
	Length of Test	Tubing Pressure	Casing Pressure	Chor) Size	
	Actual Prod. During Test	Oil-Bbis.	Water - Bbls.	Gas -	MCF	
I		L				
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMC	- Gravi	ty of Condensate	
	943,000 Testing Method (pitot, back pr.)	4 hrs. Tubing Pressure (Shut-in)	- ()- Casing Pressure (Shut-		- () • Size	
	Back press.	360	360		2/64	
VI.	CERTIFICATE OF COMPLIAN	CE		ONSERVATION		
	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.		APPROVED, 19 BY			
			TITLE			
		ula.			nce with RULE 1104. or a newly drilled or deepened	
		Inure	i mall this form must	be accompanied by	a tabulation of the deviation	
	President		All sections of	tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allow		
	(Tüle) April 13, 1973		able on new and recompleted wells. Fill out only Sections I, II, III, and VI for changes of owner,			

(Date)

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

	NO. OF COPIES RECEIVED DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE TRANSPORTER OIL GAS OPERATOR	REQUEST	ONSERVATION COMMISSION FOR ALLOWABLE AND ANSPORT OIL AND NATURAL (Form C-104 Supersedes Old C-104 and C-116 Effective 1-1-65		
I.	PRORATION OFFICE Operator ELK OIL COMPANY					
	Address					
	Reason(s) for filing (Check proper box) New Well	Change in Transporter of: Oil Dry Ga	Other (Please explain)			
	Change in Ownership	Casinghead Gas Conder	nsate			
	and address of previous owner					
11.	DESCRIPTION OF WELL AND	Well No. Pool Name, Including F		Ecose not		
	Amoco State Com.	L Round Tank				
	Unit Letter;;	Feet From TheLin	ae and Feet From 7	Fas+ The		
	Line of Section 36 Tow	unship 15 South Range 2	8 East _{, NMPM} , C	haves _{County}		
111.	DESIGNATION OF TRANSPORT		Address (Give address to which approx	ved copy of this form is to be sent)		
	Name of Authorized Transporter of Cas	singhead Gas or Dry Gas	Address (Give address to which approv	ved copy of this form is to be sent)		
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. P.ge.	Is gas actually connected? When the second s	hut-in		
	If this production is commingled with COMPLETION DATA			1		
	Designate Type of Completic	on - (X) Oil Well Gas Well XX	New Well Workover Deepen XX	Plug Back Same Res'v. Diff. Res'v.		
	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	Top Oil/Gas Pay 1016	Tubing Depth 1430		
	Perforations 1416,17,18,19,20,2	21,22,23,24,25; 2 SP	r	Depth Casing Shoe 1465'		
		Y	CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET 200	SACKS CEMENT		
	8	4-1/2	1465	200		
		2-3/8	1430			
v.	TEST DATA AND REQUEST F	DR ALLOWABLE (Test must be a		and must be equal to or exceed top allow-		
	OIL WELL able for this de 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		Dhis Condensate AN/CE	Gravity of Condensate		
	Actual Prod. Test-MCF/D 948,000	Length of Test 4 hrs.	Bbls. Condensate/MMCF	-0-		
	Testing Method (pitot, back pr.) Back DIESS.	Tubing Pressure (shut-in) 360	Casing Pressure (Shut-in) 360	Choke Size 22/64		
VI.	CERTIFICATE OF COMPLIANO	CE	OIL CONSERVA	TION COMMISSION		
	hereby certify that the rules and regulations of the Oil Conservation		APPROVED, 19			
	Commission have been complied w above is true and complete to the	ith and that the information given	BY			
			TITLE			
	A 1.		TITLE			
	- Ant Auly		If this is a request for allow	while for a newly drilled or deepened		
			well this form must be accompa	nied by a tabulation of the deviation		
	Preskient		tests taken on the well in accor	at be filled out completely for allow-		
	April 13, 1973 (Tule)		able on new and recompleted we	ells. [] III. and VI for changes of owner,		
	(Date)		well name or number, or transporter, or other such change of condition. Separate Forms C-104 must be filed for each pool in multiply			

DISTRIBUTION SANTA FE FILE	-	ONSERVATION COMMISSION FOR ALLOWABLE AND	Form C-104 Supersedes Old C-104 and C-1. Effective 1-1-65		
U.S.G.S.		ANSPORT OIL AND NATURA	L GAS		
TRANSPORTER OIL	- R (ECEVED			
GAS	4				
PRORATION OFFICE		APR 1 6 1973			
ELK OIL COMPANY					
Address P O Box 310. Rosw	م ell, New Mexico 8820	RTEBIA, UFFICE			
Reason(s) for filing (Check proper box		Other (Please explain)	·=····································		
New Well X Recompletion	Change in Transporter of: Oil Dry Ga	s			
Change in Ownership	Casinghead Gas Conder				
If change of ownership give name and address of previous owner					
DESCRIPTION OF WELL AND					
Amoco State Com,	Well No. Pool Name, Including F				
Location	1 Round Tank	Queen	eral or Fee State L-803		
Unit Letter A ; 330	Feet From The North Lin	e and <u>350</u> Feet Fro	om The East		
Line of Section 36 To	wnship 15 South Range 2	8 East , NMPM,	Chaves County		
DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA				
Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which ap	proved copy of this form is to be sent)		
Name of Authorized Transporter of Ca	singhead Gas 📄 or Dry Gas 🚞	Address (Give address to which ap	proved 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 Shut-in		
If this production is commingled wi COMPLETION DATA	th that from any other lease or pool,	give commingling order number:	· · · · · · · · · · · · · · · · · · ·		
Designate Type of Completion	on - (X)	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v		
Date Spudded	Date Compl. Ready to Prod.	XX Total Depth	P.B.T.D.		
9/27/72	11/17/72	1475	1465		
Elevations (DF, RKB, RT, GR, etc.) 3660	Name of Producing Formation Oueen	Top Oil/Gas Pay 1416	Tubing Depth 1430		
Perforations	1		Depth Casing Shoe 1465		
1410,17,18,19,20,	1416,17,18,19,20,21,22,23,24,25; 2 SPI TUBING, CASING, AND		T400		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
12	<u>8-5/8</u> 4-1/2	200	100		
	2-3/8	1465 1430	250		
TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a	fter recovery of total volume of load	oil and must be equal to or exceed top allow		
OIL WELL Date First New Oil Run To Tanks		pth or be for full 24 hours) Producing Method (Flow, pump, gas			
Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas - MCF		
GAS WELL		Bhis Condensate 0.040E			
GAS WELL Actual Prod. Test-MCF/D 948,000	Length of Test 4 hrs.	Bbls. Condensate/MMCF	Gravity of Condensate		
Actual Prod. Test-MCF/D 948,000 Testing Method (pitot, back pr.)	4 hrs. Tubing Pressure (Shut-in)	-0- Casing Pressure (Shut-in)	- () - Choke Size		
Actual Prod. Test-MCF/D 948,000 Testing Method (pitot, back pr.) back press.	4 hrs. Tubing Pressure(Shut-in) 360	-0- Casing Pressure (Shut-in) 360	-0- Choke Size 22/64		
Actual Prod. Test-MCF/D 948,000 Testing Method (pitot, back pr.)	4 hrs. Tubing Pressure(Shut-in) 360	-0- Casing Pressure (Shut-in) 360 OIL CONSER	-0- Choke Size 22/64 VATION COMMISSION		
Actual Prod. Test-MCF/D 948,000 Testing Method (pitot, back pr.) back press. CERTIFICATE OF COMPLIAN	4 hrs. Tubing Pressure (Shut-in) 360 CE regulations of the Oil Conservation	-0- Casing Pressure (Shut-in) 360 OIL CONSER APPROVED	-0- Choke Size 22/64 VATION COMMISSION		
Actual Prod. Test-MCF/D 948,000 Testing Method (pitot, back pr.) back press. CERTIFICATE OF COMPLIAN	4 hrs. Tubing Pressure (Shut-in) 360 CE regulations of the Oil Conservation with and that the information given	-0- Casing Pressure (Shut-in) 360 OIL CONSER APPROVED BY	-0- Choke Size 22/64 VATION COMMISSION		
Actual Prod. Test-MCF/D 948,000 Testing Method (pitot, back pr.) back press. CERTIFICATE OF COMPLIAN I hereby certify that the rules and : Commission have been complied y	4 hrs. Tubing Pressure (Shut-in) 360 CE regulations of the Oil Conservation with and that the information given	-0- Casing Pressure (Shut-in) 360 OIL CONSER APPROVED BY	-0- Choke Size 22/64 VATION COMMISSION		
Actual Prod. Test-MCF/D 948,000 Testing Method (pitot, back pr.) back press. CERTIFICATE OF COMPLIAN I hereby certify that the rules and a Commission have been complied to above is true and complete to the	4 hrs. Tubing Pressure (shut-in) 360 CE regulations of the Oil Conservation with and that the information given best of my knowledge and belief.	-0- Casing Pressure (Shut-in) 360 OIL CONSER APPROVED BY TITLE This form is to be filed if	-0- Choke Size 22/64 VATION COMMISSION , 19 in compliance with RULE 1104.		
Actual Prod. Test-MCF/D 948,000 Testing Method (pitot, back pr.) back press. CERTIFICATE OF COMPLIAN I hereby certify that the rules and : Commission have been complied to above is true and complete to the	4 hrs. Tubing Pressure (shut-in) 360 CE regulations of the Oil Conservation with and that the information given best of my knowledge and belief.	-0- Casing Pressure (shut-in) 360 OIL CONSER APPROVED BY TITLE This form is to be filed in If this is a request for all well this form must be accord	-0- Choke Size 22/64 VATION COMMISSION 		
Actual Prod. Test-MCF/D 948,000 Testing Method (pitot, back pr.) back press. CERTIFICATE OF COMPLIAN I hereby certify that the rules and a Commission have been complied to above is true and complete to the	4 hrs. Tubing Pressure (shut-in) 360 CE regulations of the Oil Conservation with and that the information given best of my knowledge and belief.	-0- Casing Pressure (shut-in) 360 OIL CONSER APPROVED BY TITLE This form is to be filed in If this is a request for all well, this form must be accom- tests taken on the well in ac	-0- Choke Size 22/64 VATION COMMISSION , 19 in compliance with RULE 1104. lowable for a newly drilled or deepene apanied by a tabulation of the deviation cordance with RULE 111.		
Actual Prod. Test-MCF/D 948,000 Testing Method (pitot, back pr.) back press. CERTIFICATE OF COMPLIAN I hereby certify that the rules and i Commission have been complied to above is true and complete to the Sign President (Ti	4 hrs. Tubing Pressure (shut-in) 360 CE regulations of the Oil Conservation with and that the information given to best of my knowledge and belief.	-0- Casing Pressure (shut-in) 360 OIL CONSER APPROVED BY TITLE This form is to be filed in If this is a request for all well, this form must be accom- tests taken on the well in accompleted	-0- Choke Size 22/64 VATION COMMISSION , 19 in compliance with RULE 1104. lowable for a newly drilled or deepene- npanied by a tabulation of the deviation cordance with RULE 111. must be filled out completely for allow wells.		
Actual Prod. Test-MCF/D 948,000 Testing Method (pitot, back pr.) back press. CERTIFICATE OF COMPLIAN I hereby certify that the rules and i Commission have been complied v above is true and complete to the Sign President (Ti April 13, 1973	4 hrs. Tubing Pressure (shut-in) 360 CE regulations of the Oil Conservation with and that the information given to best of my knowledge and belief.	-0- Casing Pressure (Shut-in) 360 OIL CONSER APPROVED BY TITLE This form is to be filed if If this is a request for all well, this form must be accom- tests taken on the well in ac All sections of this form sble on new and recompleted Fill out only Sections I	-0- Choke Size 22/64 VATION COMMISSION , 19 in compliance with RULE 1104. lowable for a newly drilled or deepene npanied by a tabulation of the deviatio cordance with RULE 111. must be filled out completely for allow		

NO. OF COPIES RECEIVED					
DISTRIBUTION		CONSERVATION COMMISSION	Form C-104		
	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-110		
FILE		AND	Effective 1-1-65		
U.S.G.S.	AUTHORIZATION TO TR	ANSPORT OIL AND NATURA	L GAS		
IRANSPORTER OIL					
OPERATOR GAS	RE	DEIVED			
I. PRORATION OFFICE		PR 1 6 1073			
Operator ELK OIL COMPANY	•				
Address					
P O Box 310, Ro	swell, New Mexico 8824	CCIA, OFFICE			
Reason(s) for filing (Check prope		Other (Please explain)			
New Well	Change in Transporter of:				
	Oil Dry G Casinghead Gas Conde	as La			
Change in Ownership					
If change of ownership give na and address of previous owner					
II. DESCRIPTION OF WELL A	ND LEASE	·			
Lease Name	Well No. Pool Name, Including I		Lease Lease No. Ideral or Fee State L-803		
Amoco State Con	1 Round Tank	Queen State, 19			
Unit Letter A ;	130 Feet From The North Li	ne and 350 Feet Fr	_{com The} Fast		
Line of Section 36	Township 15 South Range 2	S East , NMPM,	Chaves County		
II. DESIGNATION OF TRANS	PORTER OF OIL AND NATURAL G				
Name of Authorized Transporter	of Oil or Condensate	Address (Give address to which ap	pproved copy of this form is to be sent)		
Name of Authorized Transporter	of Casinghead Gas or Dry Gas	Address (Give address to which a	pproved copy of this form is to be sent)		
Nome of Authorized Transporter					
If well produces oil or liquids,	Unit Sec. Twp. Ege.	Is gas actually connected?	When		
give location of tanks.		NO	Shut-in		
	ed with that from any other lease or pool,	, give commingling order number:	· · · · · · · · · · · · · · · · · · ·		
V. COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.		
Designate Type of Comp	eletion - (X)	XX			
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
9/27/72	11/17/72	1475	1465		
Elevations (DF, RKB, RT, GR, e 3660	,	Top Oil/Gas Pay	Tubing Depth 1430		
Perforations	Queen	1416	Depth Casing Shoe		
	0,21,22,23,24,25; 2 SE	- ਸੁ	1465		
	TUBING, CASING, AN	D CEMENTING RECORD			
HOLESIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
12	8-5/8	200	100		
8	4-1/2	1465	250		
	2-3/8	1430			
			l oil and must be equal to or exceed top allow-		
V. TEST DATA AND REQUES OIL WELL	able for this d	lepth or be for full 24 hours)			
Date First New Oil Run To Tank	s Date of Test	Producing Method (Flow, pump, ga	is lift, etc.)		
Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
Actual Prod. During Test	Oil-Bbis.	Water-Bbls.	Gas-MCF		
		1			
GAS WELL					
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
948,000	4 hrs.	-0-	0		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in) 360	$\begin{array}{c} \text{Choke Size} \\ 22./ \epsilon 4 \end{array}$		
back press.	360				
I. CERTIFICATE OF COMPL	CERTIFICATE OF COMPLIANCE		RVATION COMMISSION		
I hereby certify that the rules	and regulations of the Oil Conservation	APPROVED			
Commission have been compl	ied with and that the information given				
adove is true and complete t	above is true and complete to the best of my knowledge and belief.		BY		
1	1.1		in compliance with RULE 1104.		
_ Jan Al		wall this form must be accor	illowable for a newly drilled or deepened mpanied by a tabulation of the deviation		
President	President		ccordance with RULE 111.		
	(Title)		All sections of this form must be filled out completely for allow- able on new and recompleted wells.		
April 13, 1973		Fill out only Sections	I. II. III. and VI for changes of owner,		
(Date)		well name or number, or transporter, or other such change of condition.			

Separate Forms C-104 must be filed for each pool in multiply

	NO. OF COPIES RECEIVED DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE I RANSPORTER OIL GAS OPERATOR	REQUEST	FOR ALLOWABLE AND NSPORT OIL MAND NATURAL O	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65	
I.	PRORATION OFFICE	1	. C. C.		
	ELK OIL COMPANY	ARTI	ESTA, OFFICE		
	Address P O BOX 310, ROSWE	all, New Mexico 3320	1		
	Reason(s) for filing (Check proper box) New Well X Recompletion		Other (Please explain)		
	If change of ownership give name and address of previous owner			· · · · · · · · · · · · · · · · · · ·	
Π.	DESCRIPTION OF WELL AND	LEASE			
	Lease Name	Well No. Pool Name, Including F		Lease No. Lor Fee State L-803	
	Amoco State Corn, Location	1 Round Tank	, accor		
	Unit Letter; 330	Feet From The North Lin	ne and <u>350</u> Feet From '	The Fast	
	Line of Section 36 Tow	unship 15 South Range 2	8 East , NMPM, C	County County	
				<u> </u>	
III.	DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil		Address (Give address to which appro-	ved copy of this form is to be sent)	
	Name of Authorized Transporter of Cas	singhead Gas 📄 or Dry Gas 🚍	Address (Give address to which appro	ved copy of this form is to be sent)	
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Pge.	Is gas actually connected? When NO	en Shut-in	
	If this production is commingled wit	h that from any other lease or pool,	give commingling order number:	1	
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.	
	Designate Type of Completio	Date Compl. Ready to Prod.	XX Total Depth	P.B.T.D.	
	Date Spudded 9/27/72	11/17/72	1475	1465	
	Elevations (DF, RKB, RT, GR, etc.) 3660	Name of Producing Formation	Top Oil/Gas Pay 1416	Tubing Depth 1430	
	Perforations			Depth Casing Shoe	
	1416,17,18,19,20,2	21,22,23,24,25; 2 SP		1402	
	HOLE SIZE	CASING & TUBING SIZE	D CEMENTING RECORD	SACKS CEMENT	
	12	8-5/8	200	100	
	8	<u>4-1/2</u> 2-3/8	1465 1430	250	
V.	· · · · · · ·	OR ALLOWABLE (Test must be a able for this de	fter recovery of total volume of load oil pith or be for full 24 hours)	and must be equal to or exceed top allow-	
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas li	ft, etc.)	
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
	L'audin or l'ast				
	Actual Prod, During Test	Oil-Bbls.	Water - Bbls.	Gas - MCF	
	l <u></u>	L	<u></u>	······································	
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
	948,000	4 hrs.	-0-	-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 COMPLIANO	CE	OIL CONSERVA	TION COMMISSION	
	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)		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 allow-		
(Title) April 13, 1973 (Date)			able 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		

Separate Forms C-104 must be filed for each pool in multiply