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TRANSPORTER — GAS		
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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-11
Effective 1-1-65

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O. C. C.
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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	[x]	Change in Transporter of:			
Recompletion	[ ]	Oil	[ ]	Dry Gas	[ ]
Change in Ownership	[ ]	Casinghead Gas	[ ]	Condensate	[ ]

Other (Please explain): CASINGHEAD GAS MUST NOT BE FLARED AFTER 1-1-79 UNLESS AN EXCEPTION TO Rule 306 IS OBTAINED

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: State, Federal or Fee	Lease No.
Christine Federal	3	Round Tank Queen Assoc.	Federal	NM 4434

Location: Unit Letter B ; 680 Feet From The North Line and 1980 Feet From The East Line of Section 30 Township 15S Range 29E , NMPM, Chaves County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

SCURLOCK PERMIAN CORP EFF 9-1-91

Name of Authorized Transporter of Oil [X] or Condensate [ ]: Permian Corporation — Permian (Eff. 9/1/87)	Address (Give address to which approved copy of this form is to be sent): Box 3119, Midland, Texas 79701
Name of Authorized Transporter of Casinghead Gas [ ] or Dry Gas [ ]	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
	B	30	15S	29E	No	

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.
	X		X					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
2/5/78	11/1/78	1,559	1,552
Elevations (DF, RKB, RT, GR, etc.)	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
3738 GR	Queen	1,515	1,521
Perforations			**Depth Casing Shoe**
1,515-1,525			1,559

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
10	8 5/8	250	150
8	4 1/2	1,552	150

V. 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 allowable for this depth or be for full 24 hours)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
11/1/78	11/1/78	Pump	
Length of Test	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
24 hr	-0-	-0-	-0-
Actual Prod. During Test	**Oil-Bbls.**	**Water-Bbls.**	**Gas-MCF**
18	18	-0-	TSTM

Posted, Ind. & test, 11-17-78, PERF

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.

Joseph J. Kelly
(Signature)
President
(Title)
11/15/78
(Date)

OIL CONSERVATION COMMISSION

APPROVED NOV 17 1978, 19__

BY W. A. Gressett

TITLE SUPERVISOR, DISTRICT II

This form is to be filed in compliance with RULE 1104.

[illegible] is a request for allowable for a newly drilled or [illegible] this form must be accompanied by a tabulation of the [illegible] on the well in accordance with RULE 111.

[illegible] of this form must be filled out completely for allowable [illegible] and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of [illegible] well name or number, or transporter, or other such change of condition.