

| | | | |
|------------------|-----|-------------------------------------|-------------------------------------|
| DISTRIBUTION | | | |
| SANTA FE | | <input checked="" type="checkbox"/> | |
| FILE | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| U.S.G.S. | | | |
| LAND OFFICE | | | |
| TRANSPORTER | OIL | | |
| | GAS | <input checked="" type="checkbox"/> | |
| OPERATOR | | <input checked="" type="checkbox"/> | |
| 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 BY
MAY 11 1987
O. C. D.
ARTESIA, OFFICE

Operator
ELK OIL COMPANY

Address
Post Office Box 310, Roswell, New Mexico 88201

| | | | |
|--|---|-------------------------------------|--------------------|
| Reason(s) for filing (Check proper box) | | Other (Please explain) | |
| New Well <input 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"/> | Connect Gas |

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

I. DESCRIPTION OF WELL AND LEASE

| | | | | |
|---|----------------------|--|--|-----------------------------|
| Lease Name Yates Federal Comm | Well No. 1 | Pool Name, including Formation Round Tank Assoc. Queen | Kind of Lease State, Federal or Fee Federal | Lease No. NM-4433 |
| Location Unit Letter F ; 1980 Feet From The North Line and 1980 Feet From The West Line of Section 24 Township 15S Range 28E , NMPM, Chaves County | | | | |

I. 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 checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) | |
| Phillips Petroleum | Bartlesville, Oklahoma 74004 | |
| If well produces oil or liquids, give location of tanks. | Unit | Sec. |
| | Twp. | Rge. |
| | | Is gas actually connected? Yes |
| | | When May 7, 1987 |

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

V. COMPLETION DATA

| | | | | | | | | | |
|--|---|--------------------------------|----------|-----------------------------|----------|---------------|-----------|-------------|--------------|
| Designate Type of Completion - (X) | | Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v. | Dill. Res'v. |
| | | | X | | | | | | |
| Date Spudded 12/17/82 | Date Compl. Ready to Prod. 2/2/83 | Total Depth 1575 | | P.B.T.D. 1575 | | | | | |
| Elevations (DF, RKB, RT, GR, etc.) 3717 GR | Name of Producing Formation Queen | Top Oil/Gas Pay 1470 | | Tubing Depth 1488 | | | | | |
| Perforations 1470-1480, 1/2", 11holes | | | | Depth Casing Shoe | | | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | | |
| HOLE SIZE | | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| 10" | | 8 5/8 | | 240 | | 100 sr | | | |
| 8" | | 4 1/2 | | 1575 | | 150 sr | | | |
| | | 2 3/8 | | 1488 | | | | | |

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)

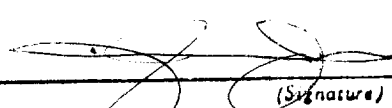
| | | | |
|---------------------------------|-----------------|---|------------|
| Date First New Oil Run To Tanks | Date of Test | Producing Method (Flow, pump, gas lift, etc.) | |
| Length of Test | Tubing Pressure | Casing Pressure | Choke Size |
| Actual Prod. During Test | Oil - Bbls. | Water -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

GAS WELL

| | | | |
|--|---|---|-------------------------------------|
| Actual Prod. Test - MCF/D 306 MCF | Length of Test 4 hrs | Bbls. Condensate/MMCF -0- | Gravity of Condensate -0- |
| Testing Method (pilot, back pr.) Flowing | Tubing Pressure (Shut-in) 165 | Casing Pressure (Shut-in) 165 | Choke Size 18/64" |

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.
ELK OIL COMPANY


Joseph J. Kelly, President

May 7, 1987

OIL CONSERVATION COMMISSION
JUL 2 8 1987, 19____
APPROVED _____
BY _____ Original Signed By
Les A. Clement
TITLE _____ Supervisor District II

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, name of well, or transporter, or other such change of condition.

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MAY 8 1961
OFFICE