

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

RECEIVED

JUN 25 1982

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

O. C. D.
ARTESIA, OFFICE

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DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.G.S.	
LANDS OFFICE	
TRANSPORTER	<input checked="" type="checkbox"/>
OIL	<input checked="" type="checkbox"/>
GAS	<input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
PRODUCTION OFFICE	

Operator
MARNEL PIPE & SUPPLY CO. ✓

Address
BOX 1037 ARTESIA, NM 88210

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"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

CASINGHEAD GAS MUST NOT BE
FLARED AFTER 8-19-82
UNLESS AN EXCEPTION TO Rule 306
IS OBTAINED

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name ELK	Well No. 1	Pool Name, Including Formation ARTESIA QN-GB-SA	Kind of Lease State, Federal or Fee STATE	Lease No. L-6918
Location Unit Letter N : 330' Feet From The SOUTH Line and 2057' Feet From The WEST Line of Section 16 Township 18S Range 28E, NMPM, EDDY County				

DESIGNATION OF TRANSPORTEE OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> NAVAJO CRUDE OIL PURCHASING CO.	Address (Give address to which approved copy of this form is to be sent) DRAWER 175 ARTESIA, NM 88210	
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 N	Sec. 16
	Twp. 18S	Rge. 28E
	Is gas actually connected? TSTM	
	When	

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil well <input checked="" type="checkbox"/>	Gas well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 12-29-81	Date Compl. Ready to Prod. 6-19-82		Total Depth 2470' DRILLER		P.B.T.D. 2437' GL			
Elevations (DF, RAB, RT, GR, etc.) 3593.9' GL	Name of Producing Formation GRAYBURG		Top Oil/Gas Pay 2102'		Tubing Depth 2383' GL			
Perforations 2102-04-08-10-73-76' 2206-16-18-31-34-36-47-57-85-86' (27-TOTAL HOLES)					Depth Casing Shoe 2457' GL			
2317-18-35-36-37-47-49-65-78-79-86' BING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
16"	10-3/4" 45#/FT		438' GL		400-SXS(CIRC 50-SXS)			
8"	5 1/2" 9.5#/FT		2457' GL		500-SXS(CIRC 54-SXS)			
	2-3/8" TBG 4.7#/FT		2383' GL					

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 6-19-82	Date of Test 6-24-82	Producing Method (Flow, pump, gas lift, etc.) PUMPING	
Length of Test 24-HRS	Tubing Pressure -	Casing Pressure -	Choke Size -
Actual Prod. During Test 38-BBLS	Oil-Bble. 38-OIL	Water-Bble. 0-WATER	Gas-MCF TSTM

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bble. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shot-in)	Casing Pressure (Shot-in)	Choke Size

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Ruth A. Henry
(Signature)

ACCOUNTANT

6-24-82

(Title)

(Date)

OIL CONSERVATION DIVISION

JUN 25 1982

APPROVED _____, 19

BY W. A. Gressett
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 well name or number, or transporter, or other such change of conditions.

Separate Form C-104 must be filed for each pool in multiple completed wells.