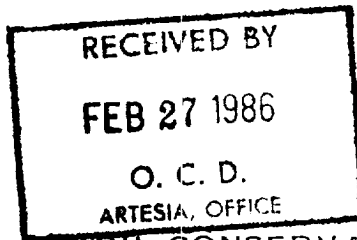


STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT



Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

| | |
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| TRANSPORTER | <input checked="" type="checkbox"/> |
| OPERATOR | <input checked="" type="checkbox"/> |
| PRODUCTION OFFICE | <input checked="" type="checkbox"/> |

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
Elliott Oil Company ✓

Address
P. O. Box 1355, Roswell, New Mexico 88201

Reason(s) for filing (Check proper box)

| | | |
|--|---|-------------------------------------|
| <input checked="" type="checkbox"/> New Well | Change in Transporter of: | |
| <input type="checkbox"/> 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 |

Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|---|---------------|---|--|--------------------|
| Lease Name E, M, Elliott Fed. | Well No. 5 | Pool Name, including Formation Turkey Track. SR-Q-G-SA | Kind of Lease Federal State, Federal or Fed NM | Lease No. 27279 |
| Location Unit Letter <u>M</u> : <u>990</u> Feet From The <u>South</u> Line and <u>990</u> Feet From The <u>West</u> Line of Section <u>31</u> Township <u>18S</u> Range <u>30E</u> , NMPM, <u>Eddy</u> County | | | | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | | | | | |
|---|--|------------|------------|------------|----------------------------------|------|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Refining Company | Address (Give address to which approved copy of this form is to be sent) P. O. Box 159, Artesia, NM 88210 | | | | | |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> N/A | Address (Give address to which approved copy of this form is to be sent) Post ID-2 3-7-86 Comp & BH | | | | | |
| If well produces oil or liquids, give location of tanks. | Unit L | Sec. 31 | Twp. 18 | Rce. 30 | Is gas actually connected? No | When |

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

Chuch Maza
(Signature)

Agent

(Title)

February 27, 1986

(Date)

OIL CONSERVATION DIVISION

FEB 28 1986

APPROVED _____, 19 _____

Original Signed By
BY Les A. Clements

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 condition.

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

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. | | |
| 09/11/85 | 10-19-85 | | | 3065' | | | 2991' | | |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | | | Top Oil/Gas Pay | | | Tubing Depth | | |
| 3423 GR | Grayburg - Queen | | | 2517' | | | 2914' | | |
| Perforations | 2921, 08, 07, 2880, 79, 76, 75, 36, 35, 31, 2827, 26, 2782, 81, 78, 77, 50, 49, 2517, 20, 21, 2645, 44, 08, 06, 02, 01, 2669, 70, 97, 98. | | | | | | Depth Casing Shoe | | |
| | | | | | | | 3065' | | |

TUBING, CASING, AND CEMENTING RECORD

| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
|-----------|----------------------|-----------|----------------------|
| 12 1/4" | 8 5/8" | 390' | 350 sxs. Cl "C" |
| 7 7/8" | 5 1/2" | 3065' | 1400 sxs. Hall. Lite |
| | | | and 300 sxs. Cl "C" |
| | 2 7/8 | 2914 | |

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 11-02-85 | Date of Test 10-28-85 | Producing Method (Flow, pump, gas lift, etc.) Pumping | |
| Length of Test 24 hrs. | Tubing Pressure N/A | Casing Pressure N/A | Choke Size N/A |
| Actual Prod. During Test 35 | Oil - Bbls. 10 | Water - Bbls. 25 | Gas - MCF TSTM |

GAS WELL

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