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TRANSPORTER	OIL <input checked="" type="checkbox"/> GAS <input type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
PRORATION OFFICE	<input type="checkbox"/>

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

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MAR 21 '88

Operator Frank O. Elliott d/b/a Elliott Oil Company ✓		O. C. D.
Address P. O. Box 1355, Roswell, NM 88201		ARTESIA, OFFICE
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"/> Dry Gas <input type="checkbox"/> Change In Ownership <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		Other (Please explain)

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

DESCRIPTION OF WELL AND LEASE

Lease Name Parcell Federal	Well No. 2	Pool Name, Including Formation Turkey Track <i>OR-Q-G-SA</i>	Kind of Lease State, Federal or Fee Federal	Lease No. LC069111
Location Unit Letter <i>F</i> ; <i>2310</i> Feet From The <i>North</i> Line and <i>1593</i> Feet From The <i>West</i> Line of Section <i>31</i> Township <i>18S</i> Range <i>30E</i> , NMPM, <i>Eddy</i> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <i>Navajo Refining Co.</i>	Address (Give address to which approved copy of this form is to be sent) <i>P. O. Box 159, Artesia, NM 88210</i>
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 Sec. Twp. Rge. Is gas actually connected? When <i>L 31 18S 30E no</i>

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 <i>1-23-88</i>	Date Compl. Ready to Prod. <i>3-3-88</i>		Total Depth <i>2998'</i>		P.B.T.D. <i>2942'</i>			
Elevations (DF, RKB, RT, GR, etc.) <i>3426' Grd.</i>	Name of Producing Formation <i>Queen, Grayburg</i>		Top Oil/Gas Pay <i>Queen 2524'</i>		Tubing Depth <i>2880'</i>			
Perforations <i>2911-2751' w/29. 2524-2630' w/19.</i>					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<i>12 1/2"</i>	<i>8 5/8"</i>		<i>327'</i>		<i>200 sxs. 2% CaCl</i>			
					<i>200 sxs. 4% CaCl</i>			
<i>7 7/8"</i>	<i>5 1/2"</i>		<i>2996'</i>		<i>450 sxs. Lite</i>			
	<i>2 7/8"</i>		<i>2880</i>		<i>170 sxs. Premium Plus</i>			

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 <i>3-5-88</i>	Date of Test <i>3-17-88</i>	Producing Method (Flow, pump, gas lift, etc.) <i>Pumping</i>	
Length of Test <i>24 hr.</i>	Tubing Pressure <i>n/a</i>	Casing Pressure <i>n/a</i>	Choke Size <i>n/a</i>
Actual Prod. During Test	Oil-Bbls. <i>45</i>	Water-Bbls. <i>18</i>	Gas-MCF <i>TSTM</i>

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

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

huck mayer
(Signature)
Agent for Elliott Oil Co.
(Title)
March 18, 1988

OIL CONSERVATION COMMISSION	
APPROVED <i>APR 05 1988</i>	19
BY <i>Mike Williams</i>	
TITLE <i>OIL AND GAS INSPECTOR</i>	
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.	