U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

AND HORIZATION TO TRANSPORT OIL A NATURAL GAS

Effective 1-1-65

RECEIVED

MAY 21 1976

O. C. C.
ARTESIA, OFFICE

I. Operator

C & K Petroleum, Inc.

Address

607 Midland National Bank Bldg., Midland, TX 79701

Reason(s) for filing (Check proper box)

New Well [X]
Recompletion [ ]
Change in Ownership [ ]

Change in Transporter of:
Oil [ ] Dry Gas [ ]
Casinghead Gas [ ] Condensate [ ]

Other (Please explain)

If change of ownership give name and address of previous owner R-5334 12-1-76

II. DESCRIPTION OF WELL AND LEASE

Elbow Canyon-Delaware

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease
Allied Chemical Federal	1	~~Undesignated~~ - Delaware Sand	State, Federal or Fee Federa

Location

Unit Letter E ; 990 Feet From The West Line and 1980 Feet From The North

Line of Section E, Township 24-S Range 29-E, NMPM, Co

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [X] or Condensate [ ]	Address (Give address to which approved copy of this form is to be sent)
The Permian Corp.	P. O. Box 1086 Houston, TX 77001
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
	E	4	24-S	29-E	No	All gas produced is used on lease.

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 Resv.	Diff. F
	X							

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
8-13-75	11-27-75	12070	1900
Pool ~~Undesignated~~	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
	Delaware Sand	1680'	1817
Perforations			**Depth Casing Shoe**
1680-1690			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13 3/8	450	450 sx. - circ.
12 1/4"	9 5/8	5410	1032 sx.
Tubing	2 3/8	1817	

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 able 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.)	
11-27-75	1-1-76	Pumping	
Length of Test	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
24 hrs.	Pumping	40#	None
Actual Prod. During Test	**Oil-Bbls.**	**Water-Bbls.**	**Gas-MCF**
	14	105	1.4

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	**Tubing Pressure**	**Casing Pressure**	**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.

R. E. Cook

R. E. Cook
(Signature)

Administrative Supervisor
(Title)

1-9-76
(Date)

1-29-76
SENT COPY TO

OIL CONSERVATION COMMISSION

APPROVED MAY 21 1976, 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 deep well, this form must be accompanied by a tabulation of the devi tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for a able on new and recompleted wells.

Fill out Sections I, II, III, and VI only for changes of o well name or number, or transporter, or other such change of cond

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