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LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	1
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

I. Operator Wm.
ESTATE OF KENT ELLIOTT
Address **P.O. Box 655 El Paso, Texas 79944**
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of: Oil ☐ Dry Gas ☒
Recompletion ☒ Casinghead Gas ☐ Condensate ☐
Change in Ownership ☐
Other (Please explain) **Cleaned out well with gas of Frac sand and water.**

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name C.P. STATE	Well No. 3	Pool Name, Including Formation BALLARD PC	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter H ; 1580 Feet From The North Line and 920 Feet From The East Line of Section 36 Township 24N Range 6W , NMPM, Rio Arriba County				

III. 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 type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
El Paso Natural Gas Co.		
If well produces oil or liquids, give location of tanks.	Unit	Sec. Twp. Rge.
		Is gas actually connected? Yes. When

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

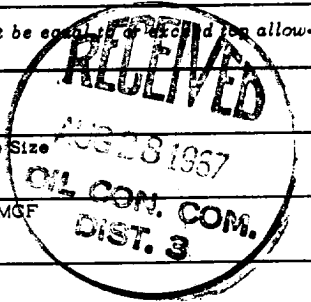
IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		2340	<input checked="" type="checkbox"/>	
Date Spudded	Date Compl. Ready to Prod. 8/25/67		Total Depth		P.B.T.D. 2340			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation Picture Cliff		Top Oil/Gas Pay 2130		Tubing Depth 2302			
Perforations 2130 to 2150					Depth Casing Shoe 2375			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

V. 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 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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	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.

MA Neely
(Signature)
Agent
(Title)
8/25/67
(Date)

OIL CONSERVATION COMMISSION

AUG 28 1967

APPROVED _____, 19____
BY Original Signed by Emory C. Arnold
SUPERVISOR DIST. #3
TITLE _____

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.