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CONSERVATION COMMISSION

Form C-104

FILE	REQUEST F	FOR ALLOWABLE	Supersedes Old C-104 and C-11 Effective 1-1-65
U.S.G.S.	AUTHORIZATION TO TRAI	-AND NSPORT OIL AND NATURAL :	GAS
LAND OFFICE			<i>5.</i> (5)
IRANSPORTER GAS	- i		
OPERATOR	_		
PRORATION OFFICE			
Sperator ESTATE OF	KENT ELLIOTT		
Address	KENT CLEAVII		
P.O.Box 65	55 El Paso, Taxas 799		
Reason(s) for filing (Check proper bo		Other (Please explain) Cleaned out we	all with das.
New Well Recompletion	Change in Transporter of: Oil Dry Gas	Changed 3" +ui	
Inange in Ownership	Casing read Gas Condens		
If shares of swarship size as as			
If change of ownership give name and address of previous owner			<u></u>
DESCRIPTION OF WELL AND) I FASE		
Dease Name	Well No. Poci Name, Including Fo	////	
C.P.STATE	4 BALLARD	State, Feder	al or Fee
Location B A	96 Feet From The South Line	and // 6/ // East Erom	East
That Letter P		_	() () () () () () () () () ()
Line of Destion 2	ownship 241. Range 61	, NMPM, Ric	Arriba County
PROVENIE TO A PROPERTY OF THE ANGENOUS	OTED OF OIL AND NATIONAL CAS	2	
DESIGNATION OF TRANSPORT Time of Authorized Transporter of C	RTER OF OIL AND NATURAL GAS	Address (Give address to which appr	oved copy of this form is to be sent,
, , , , , , , , , , , , , , , , , , , ,			
Name of Authorized Transporter of C		Address Give address to which appr	oved copy of this form is to be sent)
El Paso Na	tural Gas Co.		hen
: If well produces oil or liquids, I give location of tanks.	Unit Set. Twp. Rge.	Is gas actually connected? W	n e r.
	with that from any other lease or pool,	· · · · · · · · · · · · · · · · · · ·	
COMPLETION DATA			Plug Back - Same Resty, Diff. Resty
Designate Type of Complet	$\operatorname{fion} = (X)$ Cil Well Gas Well X	New Well Workover Deepen	Flug Back - Same Restr. Diff. Restv
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	8/25/67		2225
Elevations (DF, RKB, RT, GR, etc.	Name of Producing Formation Picture Cliff	Top Cil/Gas Pay 2180	Tubing Depth 2194
Perforations	, recure or	4. 100	Depth Casing Shoe
2180 to 2			2340
		DEPTH SET	SACKS CEMENT
POLE SIZE	CASING & TUBING SIZE	DEFINSE	SACKS CEMENT
		:	
TEST DATA AND REQUEST OIL WELL	FOR ALLOWABLE (Test must be a) able for this de	pth or be for full 24 hours;	il and must be equal to or exceed top allow
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	lift, etc.)
	Tubing Pressure	Casing Pressure	Choke Size
Length of Test	· . while i coome	Casing 1 (constraint)	, i
Actual Prod. During Test	Cil-Bbis.	Water - Bbis.	Gas-MCF
			7
0.40 ///52 /			
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
		OU CONSERV	A TARRESONALISE ON
CERTIFICATE OF COMPLIA	NCE	AUG ?	(ATIMI) COMMISSION
TARACY certify that the rules an	d regulations of the Oil Conservation	APPROVED.	, 19
price have seen complied	i with and that the information given the best of my knowledge and belief.	By Original Signed	by Emery C. Arnold
e and complete to	and some or my minutes and serious	SUPERVI	SOR DIST. #3
. 4 / :			
11. 11 Al V	/	This form is to be filed in	n compliance with RULE 1104. owable for a newly drilled or deepene
111/1/1666			ANYONIA TOTA SAIVIV OFFILIAD OF CERDERS
- /	thatwe,		nanied by a tabulation of the deviatio
agent	thatwe,	well, this form must be accom- tests taken on the well in acc	panied by a tabulation of the deviation
agent of	Title)	well, this form must be accommended the sections of this form the sections of this form the section able on new and recompleted	panied by a tabulation of the deviation cordance with RULE 111. must be filled out completely for allow wells.
8/25/67	Title)	well, this form must be accommended the sections of this form the sections of this form the sections and recompleted. Fill out only Sections I.	panied by a tabulation of the deviation or the deviation cordance with RULE 111. must be filled out completely for allow

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