

OIL CONSERVATION DIVISION

Form C-104
Revised 10-1-70

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

TO: SUPERVISOR	
DISTRIBUTION	
SANTA FE	
FILE	
W.S.O.C.	
LAND OFFICE	
TRANSPORTER	
OPERATOR	
PRODUCTION OFFICE	

Elliott Oil Company

Box 1355, Roswell, New Mexico 88201

Reason(s) for filing (Check proper box)

New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☒ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Ora	Well No. 2	Pool Name, Including Formation Ojito Gallup-Dakota Oil Pool	Kind of Lease State, Federal or Fee Federal	Lease No. SF-080526
Location Unit Letter <u>G</u> ; <u>1750</u> Feet From The <u>North</u> Line and <u>2000</u> Feet From The <u>East</u> Line of Section <u>21</u> Township <u>25N</u> Range <u>3W</u> , NMPM, <u>Rio Arriba</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"/> Giant Refining Company	Address (Give address to which approved copy of this form is to be sent) Box 256, Farmington, New Mexico 87499	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) Box 990, Farmington, New Mexico 87401	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connected? No.

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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res
Date Spudded 8/25/82	Date Compl. Ready to Prod. 10/1/82		Total Depth 8270'		P.B.T.D. 8195'			
Elevations (DT, RT, GR, etc.) 7471 KB	Name of Producing Formation Gallup-Dakota		Top Oil/Gas Pay 7244'		Tubing Depth 7249'			
Perforations 7244, 48, 52, 74, 78, 82, 86, 7302, 06, 16, 20, 58, 84, 88, 92, 7396, 7400, 04, 08, 12, 16, 24, 28, 32, 36, 44, 62, 66, 70, 74, 78, 82, 86, 90, & 7494/8134-8172					Depth Casing Shoe <u>Dakota</u>			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	9 5/8"		307'		275-			
8 3/4"	7"		6410'		300 + 450			
6 1/4"	4 1/2"		6263' to 8269'		230 400			
	2 3/8"		7249'					

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 10/3/82	Date of Test 10/27/82	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 18 Hours	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 250	Oil-Bbls. 150	Water-Bbls. 100	Gas-MCF 500 estimated

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

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

AR Kendrick
(Signature)

Agent
(Title)

11/10/82
(Date)

OIL CONSERVATION DIVISION

5-10-83
APPROVED MAY 10 1983

BY Original Signed by FRANK T. CHAVEZ

SUPERVISOR DISTRICT # 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 deepen well, this form must be accompanied by a tabulation of the deviated tests taken on the well in accordance with RULE 111.

All portions of this form must be filled out completely for all wells on new and recompleted wells.

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

Separate forms C-104 must be filed for each pool in multi-completed wells.

