

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

I. Operator
Elliott Oil Company

Address
P. O. Box, Roswell, New Mexico 88202

Reason(s) for filing (Check proper box)

<input checked="" type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain)
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	

☐ Dry Gas
☐ Condensate

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Ora	Well No. 3	Pool Name, including Formation Lindrith Gallup-Dakota West	Kind of Lease State, Federal or Fee Federal	Lease No. SF 080536
Location Unit Letter <u>G</u> : <u>1900</u> Feet From The <u>N</u> Line and <u>2270</u> Feet From The <u>E</u>				
Line of Section <u>28</u> Township <u>25N</u> Range <u>3W</u> , NMPM, Rio Arriba 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 Co.	Address (Give address to which approved copy of this form is to be sent) Box 256, Farmington, N.M. 87499
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent) Box 990, Farmington, N.M. 87401
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. G 28 25N 3W
Is gas actually connected?	When

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

NOTE: Complete Parts IV and V on reverse side if necessary.

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


Frank O. Elliott (Signature)
Agent
(Title)
11/20/87
(Date)

OIL CONSERVATION DIVISION
DEC 01 1987

APPROVED _____
BY _____ Original Signed by FRANK T. CHAVEZ
TITLE _____ SUPERVISOR DISTRICT # 3

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.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'y.	Diff. Re
Date Spudded 10/14/87	Date Compl. Ready to Prod. 11/19/87	Total Depth 8164				P.B.T.D. 8119			
Elevations (DF, RKB, RT, GR, etc.) 7264 KB	Name of Producing Formation Gallup-Dakota	Top Oil/Gas Pay 7012 Gal. 7918 Dak.				Tubing Depth 7910 KB			
Perforations See below						Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE		DEPTH SET	SACKS CEMENT
12 1/4	8 5/8"	24#	831	590 ft ³
7 7/8	4 1/2"	11.6#	8164	3-stage 2360 ft ³
	2 3/8"	4.7#	7910	

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 Run To Tanks 11/18/87	Date of Test 11/19/87	Producing Method (Flow, pump, gas lift, etc.) Flow		
Length of Test 6 hrs.	Tubing Pressure 80 psi	Casing Pressure 1050 psi	Choke Size 2"	
Actual Prod. During Test 192 B	Oil - Bbls. 117 445	Water - Bbls. 81 323	Gas - MCF 200 est.	

GAS WELL

Actual Prod. Test - MCF/D 160	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shot-in)	Casing Pressure (Shot-in)	Choke Size

Perforations: 7918 to 7934 and 8066 to 8080 (31 holes)
7012-17, 7037-55, 7060-64, 7072-77, 7084-88, 7094-96,
7152-57, 7176-87, 7201-07 and 7236-48 (87 holes).