

Submit 5 Copies  
Appropriate District Office  
DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico  
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

Form C-104  
Revised 1-1-89  
See Instructions  
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator ELLIOTT OIL COMPANY		Well API No. 30-039-24958
Address PO Box 1355 Roswell, New Mexico 88202		
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> Other (Please explain) Recompletion <input type="checkbox"/> Change in Operator <input type="checkbox"/>		
Change in Transport of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE				
Lease Name ORA	Well No. 6	Pool Name, Including Adjacent Lindrith Gallup-Dakota West	Kind of Lease State, Federal or Fee	Lease No. S.F. 080536
Location Unit Letter K : 1770 Feet From The S Line and 1890 Feet From The West Line Section 28 Township 25N Range 3W, 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		Address (Give address to which approved copy of this form is to be sent) Box 265 Farmington, N. Mex. 87499		
Name of Authorized Transporter of Casinghead Gas <input 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 4990 Farmington, N. Mex. 87499		
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 28	Twp. 25N	Rge. 3W
Is gas actually connected?		When ?		
No		7/1/91		

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'v
Date Spudded 5/16/91	Date Compl. Ready to Prod. 6/25/91		Total Depth 8118		P.B.T.D. 8073			
Elevations (DF, RKB, RT, GR, etc.) 7214 RKB	Name of Producing Formation Gallup - Dakota		Top Oil/Gas Pay 6912		Tubing Depth 7830			
Perforations 6914-24, 6938-48, 6966-80, 6984-88, 6994-7002, 7010-16, 7018-22, 7074-82, 7086-92, 7104-10, 7118-24, 7136-42, 7162-77, 7187-90, 7202-06, 7828-40, 7976-88.					Depth Casing Shoe 8116			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4	9 5/8		838		450 sx			
8 3/4	4 1/2		8118		3 stage 2500 cu.ft.			
	2 3/8		7830					

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 top allowable for this depth or be for full 24 hours.)			
Date First New Oil Run To Tank 6/15/91	Date of Test 6/19/91	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 10 hr.	Tubing Pressure 150#	Casing Pressure 750#	Choke Size 16/64
Actual Prod. During Test 80 B/F	Oil - Bbls. 20	Water - Bbls. 60 (Frac water)	Gas - MCF 70 MCF

GAS WELL *Final test information will be reported after cleanup.			
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. OPERATOR 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.	
Signature FRANK O. ELLIOTT	Title Owner
Date 6/30/91	Telephone No. 825/622-5840

OIL CONSERVATION DIVISION	
JUN 15 1991	
Date Approved	
By	Original Signed by CHARLES GHULSON
Title	DEPUTY OIL & GAS INSPECTOR, DIST. #3

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

WFO 4400 100  
C 1200

100-443887-100

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