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TRANSPORTER	OIL	
	GAS	
OPERATOR		
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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

Operator Elliott Oil Company	
Address Box 1355, Roswell, New Mexico 88201	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Hagood	Well No. 1-E	Pool Name, Including Formation Basin Dakota	Kind of Lease State, Federal or Fee Fed.	Lease No. N.M.
Location Unit Letter I ; 1430 Feet From The south Line and 840 Feet From The east				0207001
Line of Section 24 Township 30 N. Range 14 W. , NMPM, San Juan				County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Plateau Inc.	4775 Indian School Rd. NE, Albuquerque, NM
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.	Box 1492, El Paso, Texas
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
I 24 30N 14W	no 60 days

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'y.	Diff. Res'y.
		X	X					
Date Spudded 1/13/80	Date Compl. Ready to Prod. 5/24/80	Total Depth 6129	P.B.T.D. 6092					
Elevations (DF, RKB, RT, GR, etc.) 5623 K B	Name of Producing Formation Dakota	Top Oil/Gas Pay 5951	Tubing Depth 5942					
Perforations 5951-59, 5964-69, 5981-86, 5992-94, 5996-6000, 6015-18, 6022-26, 6045-48, 6082-84	Depth Casing Shoe 6129							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12 1/2	8 5/8	334	275 sx					
7 7/8	4 1/2	6129	1065 sx					
	2	5942						

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 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 750	Length of Test 12 hr.	Bbls. Condensate/MMCF 5	Gravity of Condensate 57
Testing Method (pitot, back pr.) Pitot	Tubing Pressure (Shut-in) 1750	Casing Pressure (Shut-in) 1750	Choke Size 3/4"

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.


(Signature)
Operator
(Title)
6/5/80
(Date)

OIL CONSERVATION COMMISSION

APPROVED , 19
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 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.