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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

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

C. M. Paul

Box 234, Farmington, N. M.

Reasons for filing (Check proper box)

Other (Please explain)

Change in	Change in Transporter of
Ownership	Oil
Transporter	Dry Gas
When	Condensate

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Well Name	Well No.	Pool Name, including Formation	Kind of Lease
Elliott	1	Basin-Dakota	State, Federal or Fee Fee
Section	1450	Feet From Line north	Line and 1450 Feet From The east
Range	20	Township 31N	Range 13W, NMPM, San Juan County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which approved copy of this form is to be sent)
Graves Oil Company	X	Box 2077, Farmington, N. M.
Name of Authorized Transporter of Gas/Dry Gas	or Dry Gas	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Co.	X	Box 990, Farmington, N. M.
Is gas actually connected?	When	
Yes		

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	Time Rec'd	Dist. Rec'd
Complete	Date Compl. Ready to Prod.	Total Depth	Perfor.					
Name of Producing Formation	Top Oil/Gas Pay	Testing Depth						
Depth Casing Shoe								
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					

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 allowable for this depth or be for full 24 hours)

Date and Time of Test	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Testing Pressure	Casing Pressure	Choke Size	
Water-Bbls.	Gas-MCF		

GAS WELL

Length of Test	Bbls. Condensate/MCF	Gravity of Condensate	
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

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.

OIL CONSERVATION COMMISSION

APPROVED SEP 13 1965

Original Signed By

BY A. R. KENDRICK

TITLE PETROLEUM ENGINEER DIST. NO. 3

Original signed by T. A. Dugan

(Signature)

Consulting Engineer

(Title)

9/1/65

(Date)

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 Sections I, II, III, and VI only 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