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 A. S. Gandy ✓

NEW MEXICO OIL CONSERVATION COMMISSION  
 REQUEST FOR ALLOCABLE  
 AND

Form C-104  
 Supersedes C-104 and C-110  
 Effective 1-1-66

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

**RECEIVED**

JUL 18 1966

O. C. C.  
 ARTEZIA, OFFICE

Address  
 Box 1682 Roswell, New Mexico  
 Rec'd by for filing (check proper box)  
 N. Well \_\_\_\_\_ Change in Transporter off:  
 Completion C.I. Dry Gas \_\_\_\_\_  
 Change in Ownership C.G. Condensate \_\_\_\_\_

Change in ownership give name and address of previous owner Shell Oil Co., Box 1680, Midland, Texas

Lease Name Elliott Federal Well No./Poc. Name, including Formation 1 So. Broken Lake State, Federal or Poc. Federal Lease No. 107384

Location  
 Unit Letter E, 1680 Feet From The W.E. Line and 280 Feet From The N.E.

Line of Section 26 Township 10S Range 28E, N.M.P.M. Chaves County

Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent) 203 S.W. 1st Gas Bldg. Abilene, Texas  
 Name of Authorized Transporter of Crude Oil or Dry Gas Address (Give address to which approved copy of this form is to be sent)

If well produces oil or liquids, Unit Sec. Twp. Res. Is gas actually connected? When  
 given location of tanks. E 1 26 10S 28E 1.0

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

IV. DRILLING DATA  
 Designate Type of Completion - (I) Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'tv. Diff. Res'tv.  
 Date Spudded Date Compl. Ready to Prod. Total Depth P.S.T.D.

Elevations (DF, RAB, RT, CR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth

Perforations Depth Casing Shoe

HOLE SIZE Casing & tubing sizes DEPTH SET Casing Cement

V. WELL DATA AND REQUEST FOR ALLOCABLE (Total must be after deduction of allocation in oil, load oil and must be equal to or exceed top allowable for well depth of completion)

Date First New Oil Run To Tank Date of Test Production Method (flow, pump, gas lift, etc.)

Length of Test Tubing Pressure Casing Pressure Choke Size

Actual Prod. Rate-MCF/D Length of Test Saturation, Condensate, MCF Gravity of Condensate

Actual Prod. Rate-MCF/D Length of Test Saturation, Condensate, MCF Gravity of Condensate

Testing Method (flow, pump, etc.) Tubing Pressure (psi) Casing Pressure (psi) Choke Size

VI. CERTIFICATE OF COMPLETION

OIL CONSERVATION COMMISSION

APPROVED JUL 18 1966, 1966

BY M.L. Armstrong

OIL AND GAS INSPECTOR

TITLE

This form is to be filed in compliance with Rule 1164.

If this is a request for allocable for a newly drilled or completed well, this form must be accompanied by a statement of the deviation tools taken on the well in accordance with Rule 1164.

All sections of this form must be filled out completely for each well on new and recompleted wells.

Fill out only sections I, II, III, and IV if an oil or water well, name of number, or transporter of other than change of condition.

Separate Form C-104 must be filed for each pool in multiply completed wells.

Signature

File #

Date