

DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL <input type="checkbox"/>
	GAS <input type="checkbox"/>
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

RECEIVED

JUN 26 1973

**O. C. C.**  
**ARTESIA, OFFICE**

Operator H. E. Prince

Address 606 N. Atkinson, Roswell, New Mexico 88201

Reason(s) for filing (Check proper box)  New Well  Recompletion  Change In Ownership

Change In Transporter of: Oil  Gas  Dry Gas  Condensate  Other (Please explain) From Permian

If change of ownership give name and address of previous owner 2807 N. Sycamore Paul Slayton, 115 E. Country Club, Roswell, New Mexico 88201

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name <b>Elliott Federal</b>	Well No. <b>1</b>	Pool Name, including Formation <b>Linda San Andrés</b>	Kind of Lease State, Federal or Fee <b>Fed. LC-063127</b>	Lease No. <b>LC-063127</b>
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Location  
 Unit Letter 0 : 330 Feet From The South Line and 1650 Feet From The East  
 Line of Section 33 Township 6S Range 26E , NMPM, Chaves 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"/> <b>Navajo Crude Oil Purchasing Co.</b>	Address (Give address to which approved copy of this form is to be sent) <b>Drawer 159, Artesia, New Mexico 88210</b>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)

If well produces oil or liquids, give location of tanks.	Unit <b>0</b>	Sec. <b>33</b>	Twp. <b>6S</b>	Rge. <b>26E</b>	Is gas actually connected? <b>No</b>	When
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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 Resrv.	Diff. Resrv.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations							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 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	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. 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.

H. E. Prince  
 (Signature)  
Prince  
 (Title)  
6-12-73  
 (Date)

**OIL CONSERVATION COMMISSION**

APPROVED JUN 29 1973, 19\_\_

BY W. P. Gressett

TITLE **OIL AND GAS INSPECTOR**

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 transportation or other such change of condition.  
 Separate Forms C-104 must be filed for each pool in multiply