

DISTRIBUTION		
SANTA FE		
FILE		
U.S.D.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATION		
PRODUCTION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
RECEIVED

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-55

JUN 26 1973

SI

Operator H. E. Prince		O. C. C. ARTESIA OFFICE	
Address 606 N. Atkinson, Roswell, New Mexico 88201			
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:	<i>From Permian</i>	
Recompletion <input type="checkbox"/>	Oil <input checked="" type="checkbox"/>		
Change in Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/>		
	Dry Gas <input type="checkbox"/>		
	Condensate <input type="checkbox"/>		

If change of ownership give name and address of previous owner: **2827 N. Lysamore**
Paul Slayton, 115 E. Country Club, Roswell, New Mexico

DESCRIPTION OF WELL AND LEASE			
Lease Name Elliott Federal	Well No. 3	Pool Name, including Formation Linda San Andres	Kind of Lease State, Federal or Fee Fed. LCO
Lease No. 066127			
Location Unit Letter J : 1650 Feet From The S Line and 1650 Feet From The E			
Line of Section 33 Township 6S Range 26E , NMPM, Chaves County			

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS			
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)	
Navajo Crude Oil Purchasing Co.		Drawer 159, Artesia, New Mexico 88210	
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 J	Sec. 33	Twp. 6
		Rge. 26	Is gas actually connected? No
			When

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

VI. COMPLETION DATA									
Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.	
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.			
Elevations (DE, 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			

VII. 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

VIII. 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)	
Owner (Title)	
6-12-73 (Date)	

OIL CONSERVATION COMMISSION	
APPROVED JUN 29 1973	
BY W. A. Gussett	
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 IV 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	