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Appropriate District Office  
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DISTRICT II  
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DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico  
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

Form C-104  
Revised 1-1-89  
See Instructions  
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator <b>ELK OIL COMPANY</b> ✓		Well API No. 30-005-62652
Address Post Office Box 310, Roswell, New Mexico 88202-0310		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> 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"/>	JAN 25 '89
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of operator give name and address of previous operator \_\_\_\_\_

ARTESIA OFFICE

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>W.R. State</b>	Well No. 4	Pool Name, including Formation <b>Indef. Four Ranch Pre Permian</b>	Kind of Lease State, Federal or Foreign	Lease No. L-6853
Location Unit Letter <b>P</b> : <b>990</b> Feet From The <b>East</b> Line and <b>660</b> Feet From The <b>South</b> Line Section <b>24</b> Township <b>9S</b> Range <b>26E</b> , NMPM, <b>Chaves</b> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

SCURLOCK PERMIAN CORP EFF 9-1-91

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) <b>Post Office Box 1183, Houston, Texas 77251-1183</b>	
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) <b>Post Office Box 1188, Houston, Texas 77251-1188</b>	
If well produces oil or liquids, give location of tanks.	Unit <b>P</b>	Sec. <b>24</b>
	Twp. <b>9S</b>	Rge. <b>26E</b>
	Is gas actually connected? <b>Yes</b>	When? <b>01/24/89</b>

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'v	Diff Res'v
		<b>X</b>	<b>X</b>					
Date Spudded <b>12/29/88</b>	Date Compl. Ready to Prod. <b>01/23/89</b>		Total Depth <b>6100'</b>		P.B.T.D. <b>5952'</b>			
Elevations (DF, RKB, RT, GR, etc.) <b>3804' GR</b>	Name of Producing Formation <b>Fusselman</b>		Top Oil/Gas Pay <b>5910'</b>		Tubing Depth <b>5860'</b>			
Perforations <b>5910-5938</b>					Depth Casing Shoe <b>6100'</b>			

TUBING, CASING AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<b>12 3/4"</b>	<b>8 5/8"</b>	<b>992'</b>	<b>600 sxs</b>
<b>7 7/8"</b>	<b>5 1/2"</b>	<b>6099'</b>	<b>325 sxs</b>
	<b>2 3/8"</b>	<b>5855'</b>	<b>Post IO-2</b>
			<b>2-24-89</b>
			<b>comp + BIK</b>

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 Tank	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 <b>1000</b>	Length of Test <b>8 hr</b>	Bbls. Condensate/MMCF <b>-0-</b>	Gravity of Condensate <b>-0-</b>
Testing Method (pilot, back pr.) <b>Back pr.</b>	Tubing Pressure (Shut-in) <b>850</b>	Casing Pressure (Shut-in)	Choke Size
		Packer	<b>24/64</b>

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.  
**ELK OIL COMPANY**

Signature  
**Joseph J. Kelly, President**  
Printed Name  
**January 24, 1989** (505)623-3190  
Date  
Telephone No.

OIL CONSERVATION DIVISION

Date Approved **FEB 20 1989**  
By **Original Signed By Mike Williams**  
Title

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.