

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico
Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

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

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator ELK OIL COMPANY	Well API No. 30-005-62667
Address Post Office Box 310, Roswell, New Mexico 88202-0310	
Reason(s) for Filing (Check proper box) <input checked="" 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"/> 30 Day Testing
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	

II. DESCRIPTION OF WELL AND LEASE

Lease Name S.E. State	Well No. 3	Pool Name, Including Formation Wolfcamp Four Ranch Pre-Permian	Kind of Lease State, Federal <input checked="" type="checkbox"/> Lease	Lease No. L-5349
Location Unit Letter <u>O</u> : <u>1980</u> Feet From The <u>East</u> Line and <u>990</u> Feet From The <u>South</u> Line Section <u>23</u> Township <u>9S</u> Range <u>26E</u> , NMPM, <u>Chaves</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

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)
Permian Corporation	Post Office Box 1183, Houston, Texas 77251-1183
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)
Transwestern Pipeline Company	Post Office Box 1188, Houston, Texas 77251-1188
If well produces oil or liquids, give location of tanks.	Unit <u>O</u> Sec. <u>23</u> Twp. <u>9S</u> Rge. <u>26E</u>
Is gas actually connected?	When? <u>3/23/89</u>

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
		X	X					
Date Spudded 2/20/89	Date Compl. Ready to Prod. 3-23-89	Total Depth 6200'	P.B.T.D. 6170					
Elevations (DF, RKB, RT, GR, etc.) 3794'	Name of Producing Formation Wolfcamp	Top Oil/Gas Pay 5282	Tubing Depth 5222					
Perforations 5282-5294	Depth Casing Shoe 6200							
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12 3/4"	8 5/8"	1013'	525 sxs					
7 7/8"	5 1/2"	6199'	626 sxs					
	2 3/8"	5222	Post ID-2 5-5-89					

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 250	Length of Test 4 hr.	Bbls. Condensate/MMCF -0-	Gravity of Condensate -0-
Testing Method (pilot, back pr.) Back pressure	Tubing Pressure (Shut-in) 850#	Casing Pressure (Shut-in) packer	Choke Size 16/64

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.

Signature
Joseph J. Kelly, President

Printed Name
4/27/89
Date
(505)623-3190
Telephone No.

OIL CONSERVATION DIVISION

Date Approved MAY 1 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.