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State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

RECEIVED

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

JAN 16 '90

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

| | | |
|--|--|-------------------------------------|
| Operator ELK OIL COMPANY | | Well API No. 30-005-62720 |
| Address Post Office Box 310, Roswell, New Mexico 88202-0310 | | |
| Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> <input type="checkbox"/> Other (Please explain) Recompletion <input type="checkbox"/> Change in Transporter of: Change in Operator <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <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 Runyan State Unit | Well No. 2 | Pool Name, Including Formation Wildcat San Andres | Kind of Lease Wildcat | Lease No. LG-4915 |
| Location Unit Letter C : 330 Feet From The North Line and 1980 Feet From The West Line Section 30 Township 8 South Range 27 East , 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"/> Permian SCURLOCK PERMIAN CORP EFF 9-1-91 | Address (Give address to which approved copy of this form is to be sent) P.O. Box 1183, Houston, Texas 77001 | |
| 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 C | Sec. 30 |
| | Twp. 8S | Rge. 27E |
| Is gas actually connected? | | When? |

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 <input checked="" type="checkbox"/> | Gas Well | New Well <input checked="" type="checkbox"/> | Workover | Deepen | Plug Back | Same Res'v | Diff Res'v |
| Date Spudded 9/11/89 | Date Compl. Ready to Prod. 1-8-90 | | Total Depth 2010' | | P.B.T.D. 2010' | | | |
| Elevations (DF, RKB, RT, GR, etc.) 3968' GR | Name of Producing Formation San Andres | | Top Oil/Gas Pay 1950' 1890' | | Tubing Depth 2005' | | | |
| Perforations Open Hole 1890-2010 | | | | Depth Casing Shoe | | | | |
| TUBING, CASING AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| 12 1/4" | 8 5/8" | | 352' | | 350 sxs Post 10-2 | | | |
| 8" | 4 1/2" | | 1890' | | 50 sxs 1-26-90 | | | |
| | 2 7/8" | | 2005' | | comp & Bt | | | |

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 12/11/89 | Date of Test 1/8/90 | Producing Method (Flow, pump, gas lift, etc.) Pump | |
| Length of Test 24 hrs | Tubing Pressure -0- | Casing Pressure -0- | Choke Size -0- |
| Actual Prod. During Test 11 | Oil - Bbls. 10 | Water - Bbls. 1 | Gas - MCF TSTM |

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. 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 1/12/90 Title
Date (505)623-3190 Telephone No.

OIL CONSERVATION DIVISION

Date Approved **JAN 23 1990**

By ORIGINAL SIGNED BY
MIKE WILLIAMS
Title SUPERVISOR, DISTRICT II

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.