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

State of New Mexico gy, Minerals and Natural Resources Departme

Form C-104 C15#

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

Revised 1-1-89 1	.1
See Instructions	M
at Bottom of Page	DA
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460 1992

DISTRICT III 000 Rio Brazos Rd., Aztec, NM 87410		D ALL OMAS	01.E AND 4	. TUOD!	7471011			at other	
•	REQUEST FO								
TO TRANSPORT OIL AND NATURAL GAS						Well API No.			
ELK OIL COMPANY					30	0-005-62	898		
ddress				<u> </u>	_, _,,,, L				
Post Office Box 310,	Roswell, New M	Mexico 8820	2-0310						
eason(s) for Filing (Check proper box)				r (Please expl	ain)				
lew Weli	Change in 7	Transporter of:							
lecompletion	Oil 📙 I	Dry Gas 📙							
Change in Operator	Casinghead Gas	Condensate							
change of operator give name ad address of previous operator	*							, pp,	
I. DESCRIPTION OF WELL		- 	-/-						
Lease Name		, -	ing Formation Kind o			Lease Lease No. VB-0110			
Celtic State		una. Sai	n Andres						
Location	1250	7	\I aud la	00	Λ.		West		
Unit LetterE	_ :1350	Feet From The	NOTTH Line	and	Fe	et From The .	11 Cat	Line	
Section 13 Townsh	ip 8 South	Range 27 H	East N	мрм,	Chav	es		County	
Section 15 towns	ip o boatii	realige 21 2	14	711 1·1 ₁				0007	
II. DESIGNATION OF TRAI			RAL GAS			****			
lame of Authorized Transporter of Oil	or Condens	iate	ł		hich approved			nı)	
Scurlock Permian	-1-10	D G			Houston,				
Name of Authorized Transporter of Casin	ignead Gas	or Dry Gas	Address (Giv	e aaaress 10 w	hich approved	copy of this f	orm is 10 be se	ni j	
If well produces oil or liquids,	Unit Sec.	Twp. Rge.	le gas actuali	v connected?	When	7			
ive location of lanks.	E 13	8S 27E	To gas account	No	1	•			
this production is commingled with that			ling order num	ber:		.,,	 		
V. COMPLETION DATA	. Home any outer reasons or p	ou, give consumg	,					· · · · · ·	
Designate Type of Completion	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
		<u> </u>	Total Depth	l		 DD TD	<u> </u>	.1	
Date Spudded	Date Compl. Ready to		Total Depui	6750'		P.B.T.D.	2369'		
05/30/92	07/20/92		Top Oil/Gas			Tuking Day		,	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		2152'		Tubing Der	2284'			
3948' GR Perforations	San Andres			2132		Depth Casing Shoe			
							2369'		
2152-2192	TIRING	CASING AND	CEMENTI	NG RECO	RD				
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE		CENTER	DEPTH SET			SACKS CEMENT		
121/4"	8 5/8'		615'			400 sxs			
7 7/8"	5½"		2369'			625 sxs		s	
,	2 3/8			2284'		Port ID-2			
						10-	2-92		
V. TEST DATA AND REQUE	ST FOR ALLOWA	ABLE				com	29 BI	Υ	
OIL WELL (Test must be after	recovery of total volume	of load oil and mus	st be equal to o	exceed top a	llowable for th	is depth or be	for full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Test		Producing M	ethod (Flow, p	pump, gas lift,	elc.)			
07/18/92	07/20/	/92		Pump					
Length of Test	Tubing Pressure		Casing Press	ure		Choke Size	:		
24 hrs						- NOT	-		
Actual Prod. During Test	Oil - Bbis.		Water - Bbis			Gas- MCF			
30	25	<u> </u>		5			TSTM		
GAS WELL									
Actual Prod. Test - MCF/D	Length of Test		Bbls. Condensate/MMCI			Gravity of Condensate			
	_								
l'esting Method (pitot, back pr.)	Tubing Pressure (Shut	ı-in)	Casing Press	sure (Shut-in)		Choke Siz	e		
VI. OPERATOR CERTIFIC	CATE OF COME	DIANCE							
I hereby certify that the rules and reg				OIL CO	NSERV	'ATION	DIVISION	NC	
Division have been complied with an						- 44	92		
is true and complete to the best of m	y knowledge and belief.		Dat	e Annroy	∕ed- ⊃Ric	8-20			
ELK OIL COMPAN	Y			- , hhi o	JRIT	TVAL SIC	MELLEA		
					3.3 2.5	Marce AN	: · · ·		
	>		11						
Signature	<u> </u>		11						
Joseph J. Kelly,	Presid		By₋			<u>B. VI. B.</u>	(1)		
Joseph J. Kelly, Printed Name		Title	By₋			<u>B. VI. B.</u>	(1)		
Joseph J. Kelly,	505/623	Title	By₋			<u>B. VI. B.</u>	(1)		

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.
 4) Separate Form C-104 must be filed for each pool in multiply completed wells.