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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 Revised 1-1-89 See Instructions at Bottom of Page

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

OIL CONSERVATION DIVISION P.O. Box 2088

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

Santa Fe, New Mexico 87504-2088

	REQU						AUTHORI TURAL G	AS				
Operator						Well API No.						
ELK OIL COMPAN	Y							30	-005-629	49		
Post Office Box 31	n Roswel	1 New	Mevi	ico 881	20:	2-0310						
Reason(s) for Filing (Check proper box		410 W	THE WILL	001			et (Please expl	ain)				
New Well		Change i	-		1							
Recompletion \square	Oil Coolantan		Dry C	r	j I							
change in Operator Change of operator give name	Casinghe	ad Gas	Conde	ensale	<u> </u>	•						
id address of previous operator												
. DESCRIPTION OF WEL	L AND LE	ASE										
ease Name Well No. Pool Name, Including						- La.			of Lease No.			
Kells State		1	SE	South	Αc	cme San	Andres	State,	Zalacalnia Ro	VB-	-0402	
ocation A		990			,	Month	2.2	0		T7 +		
Unit LetterA	:	990	_ Feet I	From The	1	North Lin	e and33	Fe	et From The	East	Line	
Section 14 Town	nshin 8.S	outh	Range	e 27	Ea	ast , N	мрм,	Cha	aves		County	
	<u></u>			<u> </u>		,,,,			2.7.0.2		County	
I. DESIGNATION OF TR.				ND NAT	UF							
Name of Authorized Transporter of Oil or Condensate						Address (Give address to which approved copy of this form is to be sent)						
Scurlock Permian Corpora Name of Authorized Transporter of Casinghead Gas or Dry Gas						P.O. Box 4648, Houston, Texas 77210-4648 Address (Give address to which approved copy of this form is to be sent)						
ame of Authorized Transporter of Ca	remigneso Oss		or Di	y Gas	기	Address (Giv	e aaaress 10 w	nich approved	copy of this f	orm is to be s	ent)	
well produces oil or liquids, ve location of tanks.	Unit	Unit Sec. Twp. Rge.			ge.	Is gas actually connected? When			7			
this production is commingled with t	hat from any ot	her lease o	r pool, g	ive commi	ngli	ng order num	ber:					
V. COMPLETION DATA					<u> </u>							
Designate Type of Completi		Oil We	i.	Gas Well	 _	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
ate Spudded	Date Com	Date Compl. Ready to Prod.				Total Depth			P.B.T.D.			
3/16/93	Nierra - C I	5/3/93					2190' Top Oil/Gas Pay			2190'		
evations (DF, RKB, RT, GR, etc.) Name of Producing Formation Son Andreas						•	-		Tubing Depth			
3939' GR San Andres Perforations Two shots per foot (total 34 holes)						214	46'	<u> </u>	2185' Depth Casing Shoe			
2146, 47, 48, 2151,					_68	8, 2171,	72, 73 &	2175		2190'		
		TUBING	i, CAS	ING AN	D	CEMENTI	NG RECO	<u> </u>				
HOLE SIZE	CA	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
121/4		<u>8 5/8</u>				417'				300 sxs		
7 7/8"		5½"				2190'			150 sxs			
TEST DATA AND REQU OIL WELL (Test must be af								T 1.1 - 2 46		C C.U.24 b		
OIL WELL (Test must be after Date First New Oil Run To Tank	Date of T		e oj ioa	a ou ana m	usi	,	r exceed top at lethod (Flow, p			jor juli 24 noi	urs.)	
3/30/93	1	5/3/93				1	Pump	····· 6 · 7 · /	,			
Length of Test		Tubing Pressure				Casing Press			Choke Size			
24 hour		-0-					-0-			N/A		
Actual Prod. During Test	Oil - Bbls	Oil - Bbls.				Water - Bbls			Gas- MCF			
22		20					2			TSTM		
GAS WELL												
Actual Prod. Test - MCF/D	Length of	Length of Test				Bbls. Conde	nsate/MMCF		Gravity of Condensate			
esting Method (pitot, back pr.)	Tubing P	Tubing Pressure (Shut-in)					sure (Shut-in)		Choke Size	Choke Size		
VI. OPERATOR CERTIF	regulations of th	e Oil Cons	ervation				OIL ÇO	NSERV	'ATION	DIVISIO	ON	
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						Date	e Approv	ed	MAY 6 1993			
						ByORIGINAL SIGNED BY						
Signature	Z - 11 - T	_:			-	By_		URIG	INALISIGI	AFD BA		
Printed Name Title May 4, 1993 (505)623-3190						MIKE WILLIAWS Title SUPERVISOR, DISTRICT IS						
May 4, 1993			023-3		-							

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.