<u>DISTRICT I</u> 1625 N. Franch Dr., Hobbs, NM 88240

DISTRICT II 811 South First, Artesia, NM 88210

DISTRICT III

1000 Rio Brazos Rd, Aztec, NM 87410

DISTRICT IV

2040 South Pacheco, Santa Fe, NM 87505

STATE OF NEW MEXICO Energy, Minerals & Natural Resources



C-122 REQUIRED 60 DAYS AFTER COMPLETION OR WELL TO BE SHUT-IN

oper. copy

Form C-104 Revised March 25, 1999

Submit to Appropriate District Offic 5 Copies

_AMENDED REPORT

OIL CONSERVATION DIVISION									
2040 South Pacheco									
Santa Fe, NM 87505									

	RE	QUEST FO	OR ALLOWA	ABLE AN	D AUTHOR	IZATION TO) TRANSPC	RT		
1. Operator Name and Addmass							2. OGRID Number			
Elk Oil Company						ŀ	7147			
P. O. Box 310							3 Reason for Filing Code NW			
API Number 5 Pool Name							· · · · · · · · · · · · · · · · · · ·	6. Pool Code		
		242			ANCH PRE-PERMIAN			76730		
					Property Narna			9. Well Number		
3989 S.E.					ATE		4			
10 5	urface Locat		<u>,</u>							
UL or Lot No.	Section	Township	Range	Lot Idn	Feet From The	North/South Line	Feet From The	East/West Line	County	
м	23	9 SOUTH	26 EAST		880	SOUTH	660	WEST	CHAVES	
	Bottom Hole	L						;		
UL or Lot No	Section	Township	Range	Lot Idn	Feet From The	North/South Line	Feet From The	East/West Line	County	
м	23	9 SOUTH	26 EAST		880	SOUTH	660	WEST	CHAVES	
12. Lue Code	Producing Method	1 Code	14. Gas Connectio	on Date	15. C-129 Permit 1	Jumber	16. C-129 Effective	Date	17. C-129 Exp Date	
. Oil and Ga	as Transport	ers								
Transporter		19. Transport			20. POE)	21. O/G	22. POD ULS and De	l'R Location miption	
OGRID	Agave En	Agave Energy Company								
147831	147831 105 South Fourth Street					2228530				
		lew Mexico								
									4	
			25-30-31 - 7.	222-			· · · · · · · · · · · · · · · · · · ·			
		(S ^v	•	×5						
		107		/~~/ %						
				0						
		RECEIVED 39 OCD ARTESIA 37								
			300	57						
V Produced	Water	<u>`</u>	· · · · · · · · · · · · · · · · · · ·							
V Produced	23. POD		+ (: · · ·	<u> </u>		24. POD ULSTR	Location and Description	on		
Well Comp		A Pub	D.t.	<u> </u>	27. TD		3TD	29. Perfe	erations	
25. Spud Dat 3/13/01		26. Ready 4/11/01		6375'	6345'		6056'-6087'			
30. Hole Size		31.	Casing & Tubing Size		32. Depth Set		33. Sacks Cerment			
12 1/4"			8 5/8"		1035'		650 SXS			
7 7/8"			5 1/2"			6375'		325 SXS		
			2 3/8"			5978'				
VI. Well Test	Data									
34. Date New Oil			Delivery Date 36 Test 4/26/61 4/8/0				ngth 38. Tbg. Pressure 800			
40. Choke Size		41.			Water 43. (2	44. AOF	45. Test Meth	
12/64"			0		0	80	0		FLOWING	
complied with and	that the information	the Oil Conservatio on given above is tr	on Division have been us and complete to th	4	1		ERVATION D			
best of my knowled					01	DISTRICT N	IGNED BY T	IM W. GUM		
Signature -	->		COMPANY		Approved by:				<u> </u>	
Printed name:	Joseph J. Kelly				Title:					
l'itle:	President				Approval Date:		<u>May (</u>	3-201		
Date: April 27, 2001		Phone:	505-623-3				······			
47. If this is a chang	e of operator fill in (the OGRID number a	and name of the previou	s operator						
									Date	
Previous	Operator Signature			Priz	nted Name				2.0	
									C104FORM XI	

New Mexico Oil Conservation Division C-104 Instructions

IF THIS IS AN AMENDED REPORT, CHECK THE BOX LABELED "AMENDED REPORT" AT THE TOP OF THIS DOCUMENT Report all gas volumes at 15.025 PSIA at 60°. Report all oil volumes to the nearest whole barrel.

A request for allowable for a newly drilled or deepened well must be accompanied by a tabulation of the deviation tests conducted in accordance with Rule 111.

All sections of this form must be filled out for allowable requests on new and recompleted wells.

Fill out only sections I, II, III, IV, and the operator certifications for changes of operator, property name, well number, transporter, or other such changes. A separate C-104 must be filed for each pool in a multiple completion.

- Improperly filled out or incomplete forms may be returned to operators unapproved.
- 1. Operator's name and address 2. Operator's OGRID number. If you do not have one, it will be assigned and filled in by the District office. Reason for filing code from the following table: NW New Well RC Recompletion CH Change of Operator AO Add oil/condensate transporter CO Change oil/condensate transporter AG Add gas transporter CG Change gas transporter RT Request for test allowable (Incl. 3.

- - hange gas transporter equest for test allowable (Include volume requested) If for any other reason write that reason in this box.
- The API number of this well.
- 5. The name of the pool for this completion.
- 6. The pool code for this pool.

4.

12.

- 7. The property code for this completion.
- 8. The property name (well name) for this completion.
- 9. The well number for this completion.
- The surface location of this completion. NOTE: If the United States government survey designates a Lot Number for this location use that number in the 'UL or lot no.' box. Otherwise use the OCD unit letter. 10. If the
- 11. The bottom hole location of this completion.
 - Lease code from the following table: F Federal S State P Fee J Jicarilla N Navajo U Ute Mountain Ute I Other Indian Tribe
- The producing method code from the following table: F Flowing P Pumping or other artificial lift 13.
- MM/DD/YY that this completion was first connected to a gas transporter. 14.
- 15. The permit number from the District approved C-129 for this completion.
- 16. MM/DD/YY of the C-129 approval for this completion.
- MM/DD/YY of the expiration of C-129 approval for this completion. 17.
- 18. The gas or oil transporter's OGRID number.
- 19. Name and address of the transporter of the product.
- The number assigned to the POD from which this product will be transported by this transporter. If this is a new well or recompletion and this POD has no number, the district office will assign a number and write it here. 20.
- Product code from the following table: O Oil G Gas 21.
- The ULSTR location of this POD if it is different from the well completion location and a short description of the POD (Example: "Battery Λ ", "Jones CPD", etc.) 22.

- The POD number of the storage from which water is moved from this property. If this is a new well or recompletion and this POD has no number, the district office will assign a number and write it here. 23.
- The ULSTR location of this POD if it is different from the well completion location and a short description of the POD (Example: "Battery A Water Tank", "Jones CPD Water Tank", etc.). 24.
- 25. MO/DA/YR drilling commenced.
- MO/DA/YR this completion was ready to produce. 26.
- 27. Total vertical depth of the well.
- Plugback vertical depth. 28.
- 29. Top and bottom perforation in this completion or casing shoe and TD if openhole.
- Write in 'DHC' if this completion is downhold commingled with another completion or 'MC' if there is more than one non-commingled completion in this well bore. Attach actual completed well bore diagram 30.
- 31. Outside diameter of the casing and tubing.
- 32. Depth of casing and tubing. If a casing liner, show top and bottom,
- Number of sacks of cement used per casing string. 33.

The following test data is for an oil well. It must be from a test conducted only after the total volume of load oil is recovered.

- 34. MM/DD/YY that new oil was first produced.
- MM/DD/YY that gas was first produced into a pipeline. 35.
- 36. MM/DD/YY that the following test was completed.
- 37. Length in hours of the test,
- Flowing tubing pressure oil wells Shut-in tubing pressure gas wells 38.
- 39.
- Flowing casing pressure oil wells Shut-in casing pressure gas wells
- 40. Diameter of the choke used in the test.
- 41. Barrels of oil produced during the test.
- 42. Barrels of water produced during the test.
- 43. MCF of gas produced during the test.
- 44. Gas well calculated absolute open flow in MCF/D.
 - The method used to test the well: F Flowing P Pumping S Swabbing If other method please write it in.

45.

- The signature, printed name, and title of the person authorized to make this report, the date this report was signed, and the telephone number to call for questions about this report. 46.
- The previous operator's name, the signature, printed name, and title of the previous operator's representative authorized to verify that the previous operator no longer operates this completion, and the date this report was signed by that person. 47.