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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

I. Operator
I. W. Lovelady
Address
406 N. Marienfeld, Midland, Texas 79701
Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain): **CASINGHEAD GAS MUST NOT BE**

If change of ownership give name and address of previous owner

THIS WELL HAS BEEN PLACED IN THE POOL
DESIGNATED BELOW. IF YOU DO NOT CONCUR
NOTE THE WELL.

II. DESCRIPTION OF WELL AND LEASE

Lease Name Elk State	Well No. 1	Pool Name, Including Formation East Caprock Penn R-4540	Kind of Lease State, Federal or Fee State	Lease No. L-1912
Location Unit Letter I 330 Feet From The East Line and 1980 Feet From The South Line of Section 10 Township 12S Range 32E , NMPM, Lea 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"/> The Permian Corporation	Address (Give address to which approved copy of this form is to be sent) Box 838, Hobbs, New Mexico 88204					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> No gatherer at present	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 I	Sec. 10	Twp. 12S	Rge. 32E	Is gas actually connected? No	When Unknown

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 10-27-72	Date Compl. Ready to Prod. 3-12-73	Total Depth 10,300	P.B.T.D. 10,176					
Elevations (DF, RKB, RT, GR, etc.) 4415 GR	Name of Producing Formation Penn	Top Oil/Gas Pay 9856	Tubing Depth 10,094					
Perforations 9856 - 9951 and 10,028 - 10,040	Depth Casing Shoe 10,258							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2	13 3/8		297		225			
12 1/4	8 5/8		3655		1500			
4 1/2	7 7/8		10,258		300			
	2 3/8		10,094					

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 Tanks 3-13-73	Date of Test 3-25-73	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hours	Tubing Pressure 25	Casing Pressure 25	Choke Size ---
Actual Prod. During Test 24 hours	Oil - Bbls. 12	Water - Bbls. 10	Gas - MCF 48

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

R. L. Hammon
(Signature)
Production Superintendent
(Title)
3-30-73
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY **Gregory**
TITLE _____

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

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

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.