

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

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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

I. Operator  
ELK OIL COMPANY

Address  
P O Box 310, Roswell, New Mexico 88201

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:		Other (Please explain)
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>	Casinghead Gas MUST NOT BE FLARED AFTER 5/11/73 UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	
		Dry Gas	<input type="checkbox"/>	
		Condensate	<input type="checkbox"/>	

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 NOTIFY THIS OFFICE.

II. DESCRIPTION OF WELL AND LEASE

Lease Name L & M	Well No. 1	Pool Name, Including Formation Wildcat	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter D : 467 Feet From The North Line and 467 Feet From The West Line of Section 20 Township 12 South Range 38 East , 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"/> Amoco Co. Trucks	Address (Give address to which approved copy of this form is to be sent) Box 1725, Midland, Texas 79701					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> None	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 D	Sec. 20	Twp. 12S	Rge. 38E	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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
	XX			XX		XX		
Date Spudded 11/10/72	Date Compl. Ready to Prod. 2/15/73		Total Depth 12,018		P.B.T.D. 11,396'			
Elevations (DF, RKB, RT, GR, etc.) 3868.5 Grd	Name of Producing Formation Wolfcamp		Top Oil/Gas Pay 9501'		Tubing Depth 9500.			
Perforations 9501, 02, 03, 22, 24, 27, 28, 29, 42, 43, 45, 46, 47, 48, 49, 50, 64, 65, 66, 79, 80, 81, 9600, 02, 03					Depth Casing Shoe 11,396'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
16	13-3/8		351		Circ			
12	9-5/8		4480		1000 sx.			
8	5 1/2		11396		750 sx.			
	2-3/8		9500					

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)

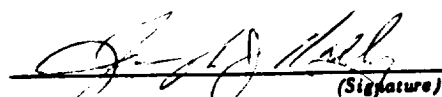
Date First New Oil Run To Tanks 2/15/73	Date of Test 2/28/73	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24	Tubing Pressure -0-	Casing Pressure -0-	Choke Size -0-
Actual Prod. During Test 200	Oil-Bbls. 180	Water-Bbls. 20	Gas-MCF 20.0 MCF

GAS WELL

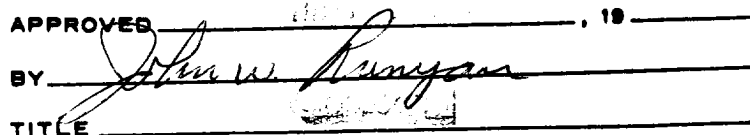
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

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.

  
President  
March 9, 1973  
(Date)

OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY   
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.  
Separate Forms C-104 must be filed for each pool in multiply