

OIL CONSERVATION COMMISSION	
NEW MEXICO	
COUNTY	
TOWNSHIP	
RANGE	
SECTION	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION OFFICE	

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

Form O-103
Supersedes O-103 (Rev. 1-1-64)
Effective 1-1-65

Elk Oil Company

P. O. box 310, Roswell, New Mexico 88201

Reason(s) for filing (Check proper box)

New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Condensate Gas ☐ Condensate ☐

Other (Please explain)

Request 170 bbl allowable for recovered oil for the month of December.

If change of ownership give name and address of previous owner

II. IDENTIFICATION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
New Mexico "85"	1	Salt Water Disposal Well	State, Federal or Fee State	LG-1012
Location				
Unit Letter	1320	Feet From The East	Line and 1230	Feet From The South
Line of Section	28	Township	14S	Range
			34E	NMPM
			Lea	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorizer/Transporter of Oil ☒ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)					
Permian Corporation	P. O. Box 1183, Houston, Texas 77001					
Name of Authorized Transporter of Condensate Gas ☐ or Dry Gas ☐	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	Sec.	Twp.	Rgn.	Is gas actually connected?	When
	J	23	14S	34E		

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	Time Ready to Prod. (hr.)	Prod. (bbl.)
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.D.T.D.					
Drivetrain (Dr, NAB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Testing Depth					
Perforations	Depth Casing Shoe								
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of fluid oil and must be equal to or greater than allowable for this depth or be for full 24 hours)

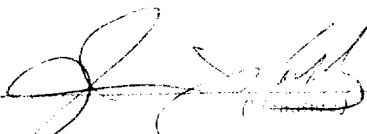
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Wbl. Condensate/MCF	Gravity of Condensate
Testing Method (Flow, back pr.)	Tubing Pressure (psi-14.7)	Casing Pressure (psi-14.7)	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

12/30/76

(11-7)

OIL CONSERVATION COMMISSION

JAN 14 1977

APPROVED _____, 19____

BY _____

TITLE _____

This form is to be filed in compliance with Rule 10.1.

If this is a request for additional allowable production for a well, it must be accompanied by a copy of the well log and a copy of the well log and a copy of the well log.

If this is a request for additional allowable production for a well, it must be accompanied by a copy of the well log and a copy of the well log.

If this is a request for additional allowable production for a well, it must be accompanied by a copy of the well log and a copy of the well log.