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U.S.G.S.	
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-194
Supersedes Oils O-101 and O-111
Effective 1-1-66

Operator Elk Oil Company	
Address P. O. Box 310, Roswell, New Mexico 88201	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well ☒	Testing allowable of 5,000 barrels pending commingling order
Recompletion ☐	
Change in Ownership ☐	
Change in Transporter of: Oil ☐ Dry Gas ☐	
Casinghead Gas ☐ Condensate ☐	

If change of ownership give name and address of previous owner _____

11. DESCRIPTION OF WELL AND LEASE				
Lease Name Anderson State	Well No. 1	Pool Name, Including Partition North Cortog-Penne-Penn	Kind of Lease State, Federal or Free State State	Lease No. L-2572
Location Unit Letter E : 1030 Feet From The North Line and 000 Feet From The West Line of Section 30 Township 14 South Range 34 East , N.M.P.M., Lea County				

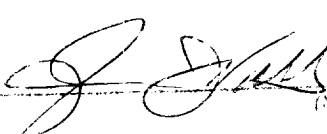
12. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS				
Name of Authorized Transporter of Oil ☒ or Condensate ☐ Bermian Corporation		Address (Give address to which approved copy of this form is to be sent) Pox 1132, Houston, Texas 77001		
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐		Address (Give address to which approved copy of this form is to be sent)		
If well produces oil or liquids, give location of tanks. Test	Unit E	Sec. 30	Twp. 14S	Rge. 34E
Is gas actually connected?		When		

If this production is commingled with that from any other lease or pool, give commingling order number: _____

13. COMPLETION DATA				
Designate Type of Completion - (X) ☒ Oil Well ☐ Gas Well ☐ New Well ☐ Workover ☐ Deepen ☐ Plug Back ☐ Same Hole, Diff. Rev./V.				
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
Elevations (DF, RKB, RT, GR, 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	

14. 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	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

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

16. 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.	
 Joseph J. Kelly (Signature) President (Title) 11/24/73 (Date)	

OIL CONSERVATION COMMISSION	
APPROVED _____	19 _____
BY _____	
TITLE _____	
This form is to be filed in compliance with RULE 1184.	
If this be a request for allowable for a newly drilled or reworked well, this form must be accompanied by a tabulation of the available data taken on the well in accordance with RULE 111.	
All members of the Commission shall be sworn to before allowing this document to be filed.	
Fill out and file Sections I, II, III, and VI for change of owner, well name or number, or re-perforation, or other such change in conditions.	