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1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico  
Energy, Minerals and Natural Resources Department  
**OIL CONSERVATION DIVISION**  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

Form C-104  
Revised 1-1-89  
See Instructions  
at Bottom of Page

**REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS**

Operator <b>ELK OIL COMPANY</b>		Well API No. <b>30-025-28565</b>
Address <b>Post Office Box 310, Roswell, New Mexico 88202-0310</b>		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator <b>Amoco Production Company, Post Office Box 68, Hobbs, New Mexico 88240</b>		

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name <b>State NB</b>	Well No. <b>1</b>	Pool Name, including Formation <b>Baum Upper Penn</b>	Kind of Lease State, <del>Federal</del> <b>XXX</b>	Lease No. <b>LG-1532</b>
Location Unit Letter <b>P</b> : <b>660</b> Feet From The <b>South</b> Line and <b>660</b> Feet From The <b>East</b> Line Section <b>14</b> Township <b>13S</b> Range <b>32E</b> , 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"/> <b>Amoco Production Company Pipeline</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 591, Tulsa, Oklahoma 74102</b>					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>Warren Petroleum Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 1589, Tulsa, Oklahoma 74102</b>					
If well produces oil or liquids, give location of tanks.	Unit <b>P</b>	Sec. <b>14</b>	Twp. <b>13S</b>	Rge. <b>32E</b>	Is gas actually connected? <b>Yes</b>	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 <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded <b>01/13/84</b>	Date Compl. Ready to Prod. <b>03/12/84</b>		Total Depth <b>10000'</b>		P.B.T.D. <b>9928'</b>			
Elevations (DF, RKB, RT, GR, etc.) <b>4306' GR</b>	Name of Producing Formation <b>Upper Penn</b>		Top Oil/Gas Pay <b>9736'</b>		Tubing Depth <b>9609'</b>			
Perforations <b>9814'-20', 9773'-9806' and 9736'-58' with 4 JSPF</b>					Depth Casing Shoe			
<b>TUBING, CASING AND CEMENTING RECORD</b>								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<b>17 1/2"</b>	<b>13 3/8"</b>		<b>450'</b>		<b>475 sx Cl C w/1%CaCl</b>			
<b>11"</b>	<b>8 5/8"</b>		<b>4038'</b>		<b>1300 sx Cl C Lite, 400 sx Cl C</b>			
<b>7 7/8"</b>	<b>5 1/2"</b>		<b>10000'</b>		<b>1550 sx Cl H w/ add.</b>			
	<b>2 3/8"</b>		<b>9609'</b>					

**V. TEST DATA AND REQUEST FOR ALLOWABLE**

<b>OIL WELL</b> (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 Tank	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	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

**VI. OPERATOR CERTIFICATE OF COMPLIANCE**

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

Signature <b>Joseph J. Kelly, President</b>	Title
Printed Name <b>October 2, 1989</b>	Telephone No. <b>(505)623-3190</b>
Date	

**OIL CONSERVATION DIVISION**  
**OCT 4 1989**

Date Approved	
By	<b>ORIGINAL SIGNED BY JERRY SEXTON</b>
Title	<b>DISTRICT I SUPERVISOR</b>

**INSTRUCTIONS:** This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.

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