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Appropriate District Office
DISTRICT J
P.O. Box 1980, Holbs, NM 88240

## State of New Mexico Energy, Minerals and Natural Resources Department

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

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

## **OIL CONSERVATION DIVISION**

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator							Well A	Pl No.			
ELK OIL COMPANY											
Address				00303	0210						
Post Office Box 310, R	oswell,	New M	exico	88202-		r (Please expla	-in-l				
Reason(s) for Filing (Check proper box)  New Well		Change in	Transno	orter of:		a (Fieuse expa	<i>101)</i>				
Recompletion	Oil	Crienge III	Dry Ga	1077	t d	footing A	nnil 1 10	200			
Change in Operator	nsate 🔲	Effective April 1, 1990									
If change of operator give name and address of previous operator	Casinghe										
II. DESCRIPTION OF WELL	AND LE	ASE									
Lease Name					ing Formation			Kind of Lease No.			
Northeast Kemnitz	1 Kemnitz			Morrow		State,	State, K-Zeill XrXeX K-6875				
Location				_		((0			317 4		
Unit LetterM	- :	660	. Fed Fr	rom The	South Line	and660	re	et From the	West	Line	
Section 15 Township	16	S	Range	341	E , NI	ирм,		Lea		County	
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	SPORTI					a address to!	hich annemed	come of this for	m is to he se	nt)	
[X]						Address (Give address to which approved copy of this form is to be sent) P.O. Drawer 175, Artesia, N.M. 88210					
Name of Authorized Transporter of Casing	chead Gas		or Drv	Gas 📉	<del> </del>			copy of this for		nt)	
Warren Petroleum Company								homa 741			
If well produces oil or liquids, give location of tanks.	Unit			is gas actuali		When es	4-2-90				
If this production is commingled with that	from any ot	her lease or	pool, giv	ve comming	ing order numl	per:					
IV. COMPLETION DATA			<del></del> 1		7	<del></del>	1-5	- <del></del>		bim n. di	
Designate Type of Completion	- (X)	Oil Well	(	Gas Well	New Well	Workover	Deepen	Plug Back  S	ame Kes'v	Diff Res'v	
Date Spudded	Date Com	ipl. Ready to	Prod.		Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
Perforations								Depth Casing Shoe			
		TUBING.	CASII	NG AND	CEMENTI	NG RECOR	D	·			
HOLE SIZE	<del></del>	NG & TUBING SIZE			DEPTH SET			SACKS CEMENT			
								<u> </u>	· · · · · · · · · · · · · · · · · · ·		
	ļ							<del> </del>	=		
V. TEST DATA AND REQUES	TEOD	ATTOW.	ARIE	<del></del>	<u> </u>			<u> </u>	<del></del>	·	
V. TEST DATA AND REQUES  OIL WELL (Test must be after re					be equal to or	exceed top allo	owable for thi	depth or be for	full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Te		J,			thod (Flow, pu				· · · · · · · · · · · · · · · · · · ·	
		<del>-</del>								·	
Length of Test	Tubing Pr	Tubing Pressure				ire		Choke Size			
Assust Dead During Test	J. Dod. During Test				Water - Bbls.	<del></del>	<del></del>	Gas- MCF			
Actual Prod. During Test	Oil - Bbls.				TELOI - DOIS.						
GAS WELL						<u>-</u> -					
Actual Prod. Test - MCF/D	Length of Test				Bbis. Condensate/MMCF			Gravity of Condensate			
				, A-1 K , XI !   1			No. 12 Pile				
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shui-in)			Choke Size			
VL OPERATOR CERTIFIC	ATF O	F COMP	IJAN	ICE							
I hereby certify that the rules and regula				. ——		DIL CON	<b>ISERV</b>	ATION D			
Division have been complied with and that the information given above					APR 5 1990						
is true and complete to the best of my k	mowledge a	and belief.			Date	Approve	d		- 1000		
ELK OIL COMPANY						FF0-0				<del> </del>	
					By ORIGINAL SIGNED BY JERRY SEXTON						
Signature Joseph J. Kelly, President					-, -			I SUPERVIS			
Printed Name			Title	<del></del>	Title		. 96			34	
April 3, 1990	<u> </u>	505)623				<u></u>	<del></del>				
Date		Tele	phone N	₩O.	11						

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.

APR 4 1990)
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MOBBS OFFICE