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Appropriate District Office  
DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

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

DISTRICT III  
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

CASINGHEAD GAS MUST NOT BE  
STARTED AFTER 12:20-90  
UNLESS AN EXCEPTION TO R-4070  
IS OBTAINED.

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

I. Operator <b>ELK OIL COMPANY</b>		Well API No. 30-025-25779
Address Post Office Box 310, Roswell, New Mexico 88202-0310		
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: Recompletion <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> Other (Please explain) <i>Change lease name from N.E. Kemnitz to Northeast Kemnitz</i> <i>Cancel Kemnitz, Cisco</i>		
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Northeast Kemnitz</b>	Well No. 3	Pool Name, including Formation <b>Kemnitz Lower Wolfcamp</b>	Kind of Lease <b>State, Federal or Foreign</b>	Lease No. K-6876
Location Unit Letter <b>F</b> : <b>1980</b> Feet From The <b>North</b> Line and <b>1980</b> Feet From The <b>West</b> Line Section <b>16</b> Township <b>16 South</b> Range <b>34 East</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>Navajo Refining</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 159, Artesia, New Mexico 88210</b>	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	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 <b>F</b>	Sec. <b>16</b>
	Twp. <b>16S</b>	Rge. <b>34E</b>
	Is gas actually connected? <b>No</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 <input checked="" type="checkbox"/>	Same Res'v	Diff Res'v
Date Spudded <b>1/28/78</b>	Date Compl. Ready to Prod. <b>10/21/90</b>	Total Depth <b>13,385</b>	P.B.T.D. <b>10,900</b>					
Elevations (DF, RKB, RT, GR, etc.) <b>4132 RKB</b>	Name of Producing Formation <b>Wolfcamp</b>	Top Oil/Gas Pay <b>10,694</b>	Tubing Depth <b>10,685</b>					
Perforations <b>10694-10701</b>			Depth Casing Shoe <b>13,385</b>					
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
<b>17½</b>	<b>12 3/4</b>	<b>356</b>	<b>350</b>					
<b>12½</b>	<b>8 5/8</b>	<b>4560</b>	<b>1835</b>					
<b>7 7/8</b>	<b>5½</b>	<b>13385</b>	<b>1080</b>					

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 Tank <b>10/20/90</b>	Date of Test <b>10/21/90</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Flow</b>	
Length of Test <b>24</b>	Tubing Pressure <b>125</b>	Casing Pressure <b>-0-</b>	Choke Size <b>14/64</b>
Actual Prod. During Test <b>110</b>	Oil - Bbls. <b>110</b>	Water - Bbls. <b>0</b>	Gas - MCF <b>TSTM</b>

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  
**Joseph I. Kelly,** President  
Printed Name  
**10/25/90** (505)623-3190  
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved  
By **ORIGINAL OFFICIAL SIGNATURE: SEXTON**  
DISTRICT SUPERVISOR  
Title

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.

RECEIVED

OCT 29 1990

CCF  
HOBBS C. 1115