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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 C-104
Supersedes OIL C-101 and C-102
Effective 1-1-65

Operator ELK OIL COMPANY	
Address P. O. BOX 310, ROSWELL, NEW MEXICO 88201	
Reason(s) for filing (Check proper box)	
New Well ☒	Change in Transporter of: Oil ☒ Dry Gas ☐ Casinghead Gas ☐ Condensate ☐
Recompletion ☐	
Change in Ownership ☐	Other (Please explain)

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name N.E. Kemnitz	Well No. 4	Pool Name, including Formation Kemnitz Cisco	Kind of Lease State, Federal or Free State	Lease No. K-6875
Location Unit Letter C : 660 Feet From The North Line and 1980 Feet From The West Line of Section 15 Township 16S Range 34E , NMPM, Lea County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐ Navajo Crude Oil Purchaser	Address (Give address to which approved copy of this form is to be sent) Drawer 175, Artesia NM	
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ Northern Natural Gas	Address (Give address to which approved copy of this form is to be sent) 2223 Dodge Street, Omaha, Nebraska 68102	
If well produces oil or liquids, give location of tanks.	Unit C	Soc. 15
	Twp. 16S	Rge. 34E
	Is gas actually connected? Yes When 5/1/81	

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Reentry	Partial Reentry
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			Taking Depth		
Perforations				Depth Casing Shoe				

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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

GAS WELL

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

CERTIFICATE OF COMPLIANCE

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

President

5/28/81

(Date)

OIL CONSERVATION COMMISSION

APPROVED **JUN 1 1981**, 19

BY **Orig. Sign**

Jerry Sexton

TITLE **Dist. L. Sup.**

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the available tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all wells on new and re-completed wells.

Fill out only Sections I, II, III, and VI for changes of name, well name or number, or transporter, or other such change of conditions.

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JUN 1 1981

OIL CONSERVATION DIV.