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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PERFORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-1
Effective 1-1-65

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 ☒	Change in Transporter of:
Recompletion ☐	Oil ☐ Dry Gas ☐
Change in Ownership ☐	Casinghead Gas ☐ Condensate ☐

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

I. DESCRIPTION OF WELL AND LEASE

Lease Name N.E. Kemnitz	Well No. 7	Pool Name, including Formation Kemnitz Morrow	Kind of Lease State, Federal or Fee State	Lease No. K-6874
Location				
Unit Letter F	: 1980	Feet From The North	Line and 1980	Feet From The West
Line of Section 9	Township 16S	Range 34E	NMCM,	Lea County

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒	Address (Give address to which approved copy of this form is to be sent)					
Navajo Crude Oil Purchasing Company	Drawer 175, Artesia, N.M. 88210					
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)					
Transwestern Pipeline Company (Dry gas)	Box 2521, Houston, Texas 77001					
Conoco, Inc. (Casinghead gas)	Box 2197, Houston, Texas 77252					
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 9	Twp. 16S	Pge. 34E	Is gas actually connected? Yes	When 1/14/82

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

III. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v. Tuff. H.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.D.T.D.	
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth	
Perforations						Depth Casing Shoe	

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

IV. TEST DATA AND REQUEST FOR ALLOWABLE (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)

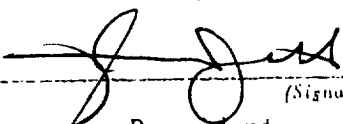
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

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

V. 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

7/6/82

(Title)

(Date)

OIL CONSERVATION COMMISSION

APPROVED JUL 9 1982, 19

BY ORIGINAL SIGNED BY

TITLE JERRY SEXTON

DISTRICT 1 SUPR.
This form is to be filled 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 deviate tests taken on the well in accordance with RULE 111.

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

Fill out only Portions I, II, III, and VI for changes of ownership, name of producer, or transporter, or other such change of conditions.

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JUL 8 1982

O.C.D.
HOBBS OFFICE