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

OIL CONSERVATION DIVISION

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

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

I.

Operator <b>ELK OIL COMPANY</b>	Well API No. 30-025-28415
Address Post Office Box 310, Roswell, New Mexico 88202-0310	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
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"/>

If change of operator give name  
and address of previous operator

THIS WELL HAS BEEN PLACED IN THE POOL  
DESIGNATED BELOW. IF YOU DO NOT CONCUR  
NOTIFY THIS OFFICE.

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>East Kemnitz</b>	Well No. 2	Pool Name, including Formation <b>Kemnitz Cisco</b>	Kind of Lease State, <del>FEEDBACK</del>	Lease No. E-7564
Location Unit Letter <b>G</b> : <b>1980</b> Feet From The <b>North</b> Line and <b>1980</b> Feet From The <b>East</b> Line Section <b>27</b> Township <b>16 South</b> Range <b>34 East</b> , <b>NMPM</b> , <b>Lea</b> 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 checked="" type="checkbox"/> <b>Transwestern Pipeline</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 2521, Houston, Texas 77252</b>					
If well produces oil or liquids, give location of tanks.	Unit <b>G</b>	Sec. <b>27</b>	Twp. <b>16S</b>	Rge. <b>34E</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 <b>X</b>	Gas Well	New Well	Workover	Deepen	Plug Back <b>X</b>	Same Res'v	Diff Res'v
Date Spudded <b>10/13/83</b>	Date Compl. Ready to Prod. <b>10/18/90</b>		Total Depth <b>13,145</b>		P.B.T.D. <b>11,500</b>			
Elevations (DF, RKB, RT, GR, etc.) <b>4086 GR</b>	Name of Producing Formation <b>Cisco</b>		Top Oil/Gas Pay <b>11,167</b>		Tubing Depth <b>11,075</b>			
Perforations <b>11,167-11,221</b>					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE <b>17 1/4"</b>	CASING & TUBING SIZE <b>13 3/8</b>		DEPTH SET <b>390</b>		SACKS CEMENT <b>450 sxs</b>			
<b>11"</b>	<b>8 5/8</b>		<b>4520</b>		<b>2200 sxs</b>			
<b>7 7/8"</b>	<b>5 1/2</b>		<b>13145</b>		<b>700 sxs</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.)

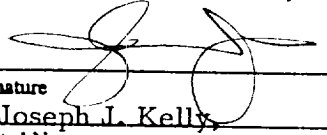
Date First New Oil Run To Tank <b>10/14/90</b>	Date of Test <b>10/16/90</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Flow</b>	
Length of Test <b>24</b>	Tubing Pressure <b>100</b>	Casing Pressure <b>-0-</b>	Choke Size <b>12/64</b>
Actual Prod. During Test <b>88</b>	Oil - Bbls. <b>88</b>	Water - 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   
Printed Name **Joseph J. Kelly** President  
Date **10/25/90** Telephone No. **(505)623-3190**

OIL CONSERVATION DIVISION

Date Approved **10 1990**

By **JOHN J. SEXTON**

Title **Supervisor**

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.
- 4) Separate Form C-104 must be filed for each well.

RECEIVED

OCT 29 1997

OCU  
HOBBS OFFICE