

DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION 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-105  
Effective 1-1-65

I.

Operator ELK OIL COMPANY	
Address Post Office Box 310, Roswell, New Mexico 88201	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input checked="" type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain)	

If change of ownership give name  
and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name Mesa State	Well No. 2	Pool Name, including formation North Shoebar-Wolfcamp	Kind of Lease State, Federal or Fee State	Lease No. K-5954
Location				
Unit Letter <u>M</u> ; <u>660</u> Feet From The <u>South</u> Line and <u>510</u> Feet From The <u>West</u>				
Line of Section <u>14</u> Township <u>16S</u> Range <u>35E</u> , NMPLM, 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"/>	Address (Give address to which approved copy of this form is to be sent)			
Koch Oil Company	Box 2256, Wichita, Kansas 67220			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
Tipperary Petroleum Corporation	Box 3179, Midland, Texas 79702			
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 14	Twp. 16S	Rge. 35E
			Is gas actually connected? Yes	When 12/15/84

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 <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'tv. <input type="checkbox"/>	Diff. Res'tv. <input type="checkbox"/>
Date Spudded 8/22/84	Date Compl. Ready to Prod. 8/8/84	Total Depth 10,469'		F.B.T.D. 10,429					
Elevations (DF, RAB, RT, GR, etc.) 3979 GR	Name of Producing Formation Wolfcamp		Top Oil/Gas Pay 10,332		Tubing Depth 10,237				
Perforations 10,332-352						Depth Casing Shoe 10,469			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
17	13 3/8		402		400				
11	8 5/8		4410		2200				
7 7/8	5 1/2		10469		275				

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 Tanks 10/03/84	Date of Test 10/08/84	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24	Tubing Pressure 250	Casing Pressure -0-	Choke Size 20/64
Actual Prod. During Test 240	Oil-Bbls. 240	Water-Bbls. -0-	Gas-MCF 240

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. 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

(Title)

12/27/84

(Date)

OIL CONSERVATION COMMISSION

APPROVED JAN 14 1985, 19

BY ORIGINAL SIGNED BY JERRY SEXTON

DISTRICT I SUPERVISOR

TITLE \_\_\_\_\_

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 deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition. Separate Forms C-104 must be filed for each pool in multiply

RECEIVED

JAN 10 1985

O.C.D.  
HOBBS OFFICE