

NO. OF COPIES RECEIVED	
OIL CONSERVATION	
SALE PRICE	
FILE	
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-11
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 ☐
2000 bbl. testing allowable	

If change of ownership give name
and address of previous owner

I. DESCRIPTION OF WELL AND LEASE				
Lease Name Mesa State	Well No. 2	Pool Name, including Formation N. Shoebar-Wolfcamp	Kind of Lease State, Federal or Fee State	Lease No. K-5954
Location				
Unit Letter M	660	Feet From The South	Line and 510	Feet From The West
Line of Section 14	Township 16S	Range 35E	N.M.P.M. Lea	County

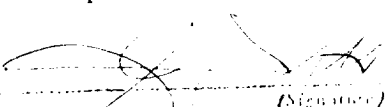
II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS				
Name of Authorized Transporter of Oil ☐ or Condensate ☐		Address (Give address to which approved copy of this form is to be sent)		
Koch Oil Company		Box 2256, Wichita, Kansas 67201		
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐		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 M	Sec. 14	Twp. 16S	Rge. 35E
		Is gas actually connected?		When
		No.		

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	Stake Rest.	Full. Re.
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.					
Elevations (DE, R&B, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Testing 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 lost oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)			
OIL WELL		Producing Method (Flow, pump, gas lift, etc.)	
Date First New Oil Run To Tanks	Date of Test		
Length of Test	Testing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

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

V. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION OCT - 4 1984	
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.		APPROVED _____	
Joseph J. Kelly  President		BY _____ DEPUTY SUPERVISOR	
10/2/84		TITLE _____	
		This form is to be filed in compliance with RULE 1104. If this be a request for allowable for a newly drilled or reworked well, this form must be accompanied by a tabulation of the available data taken on the well in accordance with rule 111. All sections of this form must be filled out completely and with this or new and recognized symbols. Fill out only Sections I, II, III, and VI for change of owner, well name or number, or transporter or other such change and condition.	

RECEIVED

OCT - 3 1984

100-100000