District I PO Box 1980, Hobbs, NM 88241-1980

State of New Mexico ...nergy, Minerals & Natural Resources Department

Form C-104 Revised February 10, 1994 Instructions on back Submit to Appropriate District Office

District II PO Drawer DD, Artesia, NM 88211-0719

OIL CONSERVATION DIVISION

1000 Rio Brazo	a Rd., Aztec.	NM 87410		Canta		ox 2088						5 Cop	pies	
District IV	r real, realec,		Santa Fe, NM 87504-2088							AMENDED REPORT				
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<u>l.</u>	R	EQUEST				ND VI	<u>JTHOR</u>	JZATI	ON TO TR	!ANS	PORT			
Operator name and Address ELK OIL COMPANY											¹ OGRID Number			
Post Office Box 310							007147							
Roswell, New Mexico 88202-0310								$- \wedge 1$	Reason for Filing Code					
		·		4					CII Effective 04/01/96					
* A	MI Number		¹ Pool Name						¹ Pool Code					
30 - 0 25 - 28173			Airstrip Bone Spring						00960					
Property Code			Property Name							_	' Well Number			
18820			State FU								6			
II. 10 S	Surface	Location							··					
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III. Oil a	nd Gas	Transpor	ters								<u> </u>			
, ,			11 Transporter Name			31 Pr	¹⁶ POD ²¹ O/G		11 POD ULSTR Location					
OGRID		 	and Address			100		0.0	= POD ULSTR Location and Description					
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V. Well	Comple	tion Data								·				
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	³⁴ Hole Size		21 41 . 1 . 2 72 . 1 . 21											
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VI. WEII													_	
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	" Choke Size													
" Choi	te Size	4 OII			4 Water		es Gas		" AOF		_	4 Test Method		
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"I hereby cert	lify that the m	ules of the Oil	Conservation D	ivision have I	been complic	ed							===	
knowledge and	belief. E	LK OIL	is true and connu COMPAN	plete to the be	est of my		O	IL CO	NSERVAT	ION I	DIVIS	ION		
Signature:	-(/	1				Approv	Approved by: ORIGINAL SIGNED SY JEFRY SEXTON							
Printed name:		7	<u>-</u>			_	DISTRICT I SUPERVISOR							
Joseph J. Kelly							Tide:							
Tide: President							Approval Date:							
Date: 03/27/96 Phone: (505)623-3190														
		erator fill in t	he OGRID nur	mher and na	me of the n		OCE	Th #	1 7 7 7 7 0	===			=	
ARROW E	XPLORAT	LON_COM	PANY - 1	005 Cor	agress.	, Suite	880 -	- Aust	in, Texas	7870	1		·	
*		ei							,		_			

Printed Name James H. Edsel

Title

President

4/1/96 Date

Previous Operator Signature
CANUSH Edie

IF THIS IS AN AMENDED REPORT, CHECK THE BOX LABLED "AMENDED REPORT" AT THE TOP OF THIS DOCUMENT

Report all gas volumes at 15,025 PSIA at 60°. Report all oil volumes to the nearest whole barrel.

A request for allowable for a newly drilled or deepened well must be accompanied by a tabulation of the deviation tests conducted in accordance with Rule 111.

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

Fill out only sections I, II, III, IV, and the operator certifications for changes of operator, property name, well number, transporter, or other such changes.

A separate C-104 must be filed for each pool in a multiple

Improperly filled out or incomplete forms may be returned to operators unepproved.

- 1. Operator's name and address
- Operator's OGRID number. If you do not have one it will be assigned and filled in by the District office. 2.
- 3.

Reason for filing code from the following table:

NW New Well

RC Recompletion

CH Change of Operator

AO Add oil/condensate transporter

CO Change oil/condensate transporter

CG Change gas transporter

CG Change gas transporter

RT Request for test allowable (Include volume requested)

If for any other reason write that reason in this box.

- 4. The API number of this well
- 5. The name of the pool for this completion
- 6. The pool code for this pool
- 7. The property code for this completion
- The property name (well name) for this completion 8.
- 9. The well number for this completion
- The surface location of this completion NOTE: If the United States government survey designates a Lot Number for this location use that number in the 'UL or lot no.' box. Otherwise use the OCD unit letter. 10.
- 11. The bottom hole location of this completion
- 12. Lease code from the following table:

Federal State Fee

CAL 4S.

ree Jicarilla Navajo Ute Mountain Ute Other Indian Tribe

- The producing method code from the following table:

 F Flowing
 Pumping or other artificial lift 13.
- MO/DA/YR that this completion was first connected to a 14.
- 15. The permit number from the District approved C-129 for this completion
- MO/DA/YR of the C-129 approval for this completion 16.
- MO/DA/YR of the expiration of C-129 approval for this 17.
- 18. The gas or oil transporter's OGRID number
- 19. Name and address of the transporter of the product
- The number assigned to the POD from which this product will be transported by this transporter. If this is a new well or recompletion and this POD has no number the district office will assign a number and write it here. 20.
- 21. Product code from the following table: Oil Gas

- T'e ULSTR location of this POD if it is different from the well completion location and a short description of the POD (Example: "Battery A", "Jones CPD", etc.)
- The POD number of the storage from which water is moved from this property. If this is a new well or recompletion and this POD has no number the district office will assign a number and write it here. 23.
- The ULSTR location of this POD if it is different from the well completion location and a short description of the POD (Example: "Battery A Water Tank", "Jones CPD Water 24.
- 25. MO/DA/YR drilling commenced
- MO/DA/YR this completion was ready to produce 26.
- 27 Total vertical depth of the well
- 28. Plugback vertical depth
- 29. Top and bottom perforation in this completion or casing since and TD if openhols
- 30. inside diameter of the well bore
- 31. Outside diameter of the casing and tubing
- 32. Depth of casing and tubing. If a casing liner show top and bottom.
- 33. Number of sacks of cement used per casing string

The following test data is for an oil well it must be from a test conducted only after the total volume of load oil is recovered.

- 34. MO/DA/YR that new oil was first produced
- MO/DA/YR that gas was first produced into a pipeline 36.
- MO/DA/YR that the following test was completed 36.
- 37. Length in hours of the test
- Flowing tubing pressure oil wells Shut-in tubing pressure gas wells 38.
- Flowing casing pressure oil wells Shut-in casing pressure gas wells 39.
- 40. Diameter of the choke used in the test
- 41. Barrels of oil produced during the test
- 42. Barrels of water produced during the test
- 43. MCF of gas produced during the test
- 44 Gas well calculated absolute open flow in MCF/D
- 45. The method used to test the well:
 F Flowing
 P Pumping
 S Swebbing

S Swabbing
If other method please write it in.

- The signature, printed name, and title of the person authorized to make this report, the date this report was signed, and the telephone number to call for questions about this report 46.
- The previous operator's name, the signature, printed name, and title of the previous operator's representative authorized to verify that the previous operator no longer operates this completion, and the date this report was signed by that person

Received Sugar .