

DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE O. C. C.
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
JAN 10 1 00 PM '67

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

Operator ELK OIL COMPANY	
Address P. O. BOX 310, ROSWELL, NEW MEXICO	
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 type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain)	

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name AZTEC STATE	Lease No. E 5766	Well No. 1	Pool Name, including Formation Wildcat - Abo	Kind of Lease State, Federal or Fee	State
Location					
Unit Letter M	660	Feet From The South	Line and 660	Feet From The West	
Line of Section 15	Township 17S	Range 36E	NMPM,	Lea	County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Permian Corp.	Address (Give address to which approved copy of this form is to be sent) Box 3119, Midland, Texas					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> None	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. 15	Twp. 17	Rge. 36	Is gas actually connected? No - New Well	When New Well

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 12-8-66	Date Compl. Ready to Prod. 1-9-67	Total Depth 9626	P.B.T.D. 9608					
Elevations (DF, RKB, RT, GR, etc.) 3680 KDB	Name of Producing Formation Abo	Top Oil/Gas Pay 9436	Tubing Depth 9500					
Perforations			Depth Casing Shoe 9626					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
1 shot per foot 9444, 47, 50, 153, 59, 68, 71, 78, 80		350	290
11	8 5/8	4400	300
7 7/8	5 1/2	9626	250

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)

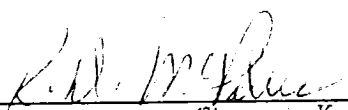
Date First New Oil Run To Tanks 1-4-67	Date of Test 1-9-67	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hrs	Tubing Pressure 380	Casing Pressure PKR	Choke Size 1/2
Actual Prod. During Test 1118	Oil-Bbls. 1118	Water-Bbls. 0	Gas-MCF 500

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

1. 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.



(Signature) K.D. McPeters
Agent

January 10, 1967
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY _____
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