

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-11  
Effective 1-1-65

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

I.

Operator

ELK OIL COMPANY

Address

Post Office Box 310, Roswell, New Mexico 88201

Reason(s) for filing (Check proper box)

New Well ☐

Recompletion ☐

Change in Ownership ☒

Change in Transporter of:

Oil ☐

Casinghead Gas ☐

Dry Gas ☐

Condensate ☐

Other (Please explain)

Change effective June 1, 1987

If change of ownership give name  
and address of previous owner

Amoco Production Company

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Elkan</u>	Well No. <u>1</u>	Pool Name, Including Formation <u>Scharb Bone Spring</u>	Kind of Lease State, Federal or Fee <u>Fee</u>	Lease No.
Location				
Unit Letter <u>K</u> : <u>1980</u> Feet From The <u>South</u> Line and <u>2180</u> Feet From The <u>West</u>				
Line of Section <u>9</u> Township <u>19S</u> Range <u>35E</u> , NMPM, <u>Lea</u> 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"/> <u>KOCH OIL COMPANY</u>	Address (Give address to which approved copy of this form is to be sent) <u>Post Office Box 2256, Wichita, Kansas 67220</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>WARREN PETROLEUM COMPANY</u>	Address (Give address to which approved copy of this form is to be sent) <u>Post Office Box 1589, Tulsa, Oklahoma 74102</u>
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. <u>K</u> <u>9</u> <u>19S</u> <u>35E</u>
	Is gas actually connected? When <u>Yes</u> <u>7-19-82</u>

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 type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded <u>03/27/82</u>	Date Compl. Ready to Prod. <u>05/21/82</u>		Total Depth <u>10,421</u>		P.B.T.D. <u>10,384</u>			
Elevations (DF, RKB, RT, GR, etc.) <u>3806. GR</u>	Name of Producing Formation <u>Bone Spring</u>		Top Oil/Gas Pay <u>9536</u>		Tubing Depth <u>9424</u>			
Perforations					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE <u>11</u>	CASING & TUBING SIZE <u>8 5/8"</u>		DEPTH SET <u>4150</u>		SACKS CEMENT <u>1725 sx</u>			
<u>7 7/8</u>	<u>5 1/2"</u>		<u>10421</u>		<u>2425 sx</u>			

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, 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.

ELK OIL COMPANY

(Signature)

Joseph J. Kelly, President

(Title)

June 1, 1987

(Date)

OIL CONSERVATION COMMISSION

APPROVED JUN 1 1987, 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