	DISTRIBUTION SANTA FE		ONSERVATION COMMISSION FOR ALLOWABLE AND	Form C-104 Supersedes Old C-104 and C-110 Ellocitvo 1-1-65
1.	U.S.G.S. LAND OFFICE OIL TRANSPORTER GAS OPERATOR PRORATION OFFICE OPERATOR	AUTHORIZATION TO TRAN	NSPORT OIL AND NATURAL GA	4S
	ELK OIL COMPANY Address Post Office Box 310, Ro Reason(s) for filing (Check proper box) New Wall Recompletion Change in Ownership X	Swell, New Mexico 88201 Change in Transporter of: Oli Dry Gas Casinghead Gas Condens	Other (Please explain)	April 1, 1986.
	If change of ownership give name Amoco Production Company and address of previous owner Amoco Production Company			
	Lease Name State MX Location Unit LetterD; 660 Line of Section 15 Town	Well No. Pool Name, Including Fo Scharb 1 Bone Springs Feet From The North Line	State, Federal	<u> </u>
<b>(I</b> .	DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil Koch Oil Company Name of Authorized Transporter of Cast If well produces oil or liquids,	Inghead Gas or Dry Gas Unit Sec. Twp. Pge.	S Address (Give address to which approve P.O. Box 2256, Wichita, Addrees (Give address to which approve 1s gas actually connected?	Kansas 67220 ed copy of this form is to be sent)
v.	give location of tanks. If this production is commingled with <u>COMPLETION DATA</u> Designate Type of Completio Date Spudded	n - (X) X Date Compl. Ready to Prod.	New Well Workover Deapen Total Depth	Plug Back   Same Res'v. Diff. Res'v.
	7/29/84 Elevations (UF, RAB, RT, GR, etc.) 3783 Perforations 9,462'-9,472'	8/22/84 Name of Producing Formation Bone Springs	10,750' Top Oll/Gas Pay 9,462'	10,395' Tubing Depth 9,800' Depth Casing Shoe 10,750'
	HOLE SIZE	TUBING, CASING, AND CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	17	13 3/8	465	275 sx
	<u> </u>	<u>8 5/8</u> 5 <sup>1</sup> 3	4169 10750	<u>1620 sx</u> 925 sx
₽.	TEST DATA AND REQUEST FOR ALLOWABLE OII. WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow- able 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.)			
	Longth of Tool	Tubing Pressure	Casing Pressure Water-Bbis.	Choke Size Gas-MCF
	Actual Prod. During Test	Oll-Bble.		
	GAS WELL Actual Prod. Test-MCF/D	Longth of Tost	Bbis. Condensate/MMCF	Gravity of Condensate
	Teeling Method (pitot, back pr.)	Tubing Pressure (Shut-in )	Casing Pressure (Shut-in)	Choke Size
Ί.	I. 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.		OIL CONSERVATION COMMISSION	
			BYORIGINAL SIGNED BY JERRY SEXTON	
		Kelly, President	This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or despend wall, 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 allow- able on new and recompleted wells. Fill out only Sections I, II, III, and VI for changes of owner.	
	May 2, 19			

