NO. OF COPIES REC	EIVED İ	
DISTRIBUTION	ИС	<del></del>
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OF	ICE	
Operator		

May 18,

1970 (Date)

	SANTA FE		CONSERVATION COMMISSION FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-11		
	FILE		AND	Effective 1-1-65		
	U.S.G.S.	AUTHORIZATION TO TR	ANSPORT OIL AND NATURAL	GAS		
	LAND OFFICE					
	TRANSPORTER GAS		_			
	OPERATOR		·			
1	PRORATION OFFICE					
	Operator	CONTRACTOR				
	ELLIOTT OIL COMPANY					
	P.O. Box 1353 Reason(s) for filing (Check proper)	5, Roswell, New Mexico				
	New Well	Change in Transporter of:	Other (Please explain) Elliott Producti	on Company liquidated		
	Recompletion	Oil Dry G		effective April 1, 1970.		
	Change in Ownership			pany holds Operating		
	A					
	If change of ownership give name and address of previous owner	ELLIOTT PRODUCTION	N COMPAŇY	ii Stockholders.		
		P.O. Box 1355, Roswe	ll, New Mexico 88201			
П	DESCRIPTION OF WELL AN					
	Elliott Federal	Well No. Pool Name, Including		Lease No.		
	Location	1   Eumont Oil	State, Fede	ral or FFederal LQ-045764		
	Unit Letter I : 20	S10 Feet From The South Li	ine and 330	East		
•	,,	Peet From The South Li	ine and 330 Feet From	The Last		
	Line of Section 26	Township 20S Range	36E , NMPM, L	ea County		
				5541.7		
III.	Name of Authorized Transporter of	RTER OF OIL AND NATURAL G	AS			
	•		I	oved copy of this form is to be sent)		
	Texas-New Mexico	Pipeline Co.  Casinghead Gas or Dry Gas	P.O. Box 1510	, Midland, Texas		
		Stemphood Gds Br Bry Gds	Address (is the address to which appl	oved copy of this form is to be sent)		
	The state of the s	Unit Sec. Twp. Rge.	Is gas actually connected? W	hen		
	If well produces oil or liquids, give location of tanks.	K 26 20S 36E	No.	nen ·		
	If this production is commingled	with that from any other lease or pool,	give commingling and a sur-hour			
IV.	COMPLETION DATA	tion any other rease of poor,	give comminging order number:			
	Designate Type of Comple	tion - (X)	New Well Workover Deepen	Plug Back   Same Resty. Diff. Resty.		
	Date Spudded	Date Compl. Ready to Prod.	<u> </u>			
	)	Date Compi. Ready to Prod.	Total Depth	P.B.T.D.		
	Elevations (DF, RKB, RT, GR, etc.	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
			, , , , , , , , , , , , , , , , , , , ,	Tubing Depth		
	Perforations			Depth Casing Shoe		
		TUBING, CASING, AN	D CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
				-		
V.	TEST DATA AND REQUEST	FOR ALLOWARIE (Task must be	that sanounced and and and an all and			
• •	TEST DATA AND REQUEST FOR ALLOWABLE (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	ift, etc.)		
	Localba (Total					
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
	Actual Prod. During Test	Oil-Bbla.	Water - Bble.	Gas - MCF		
				- MOE		
	<del></del>					
	GAS WELL					
	Actual Prod. Teet-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
VI.	CERTIFICATE OF COMPLIA	NCE	OIL CONSERV	ATION COMMISSION		
			APPROVED MA	Y 25 <del>1970</del>		
I hereby certify that the rules and regulations Commission have been complied with and th		regulations of the Oil Conservation with and that the information given	APPROVED	. 18		
	above is true and complete to the best of my knowledge and belief.		BY Mey			
ELLIOFT OIL COMPANY		TITLE JUPERVISOR DISTRICT				
		This form is to be filed in compliance with RULE 1104.				
					(Signature)	
	Operato	•	tests taken on the well in acco	rdence with RULE 111.		
		**************************************	All sections of this form must be filled out completely for allow-			

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 completed wells.

RECEIVED

MAY 2 3 1970

OH 002838 mm o g 00.11.