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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION OFFICE	
Operator	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-101
Superseding Old C-101 and C-1
Effective 1-1-65

MORANCO	
Address P. O. Box 1860, Hobbs, NM 88240	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well ☐	Change in Transporter of: Oil ☐ Dry Gas ☒
Recompletion ☐	Casinghead Gas ☐ Condensate ☐
Change in Ownership ☐	
If change of ownership give name and address of previous owner	

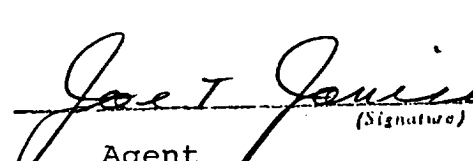
I. DESCRIPTION OF WELL AND LEASE				
Lease Name E. M. Elliott	Well No. 1	Pool Name, including Formation Blinbry	Kind of Lease State, Federal or Free Federal	Lease No. IC-06790
Location Unit Letter E ; 1980 Feet From The North Line and 560 Feet From The West				
Line of Section 35 Township 21S Range 37E, N.M.M., Lea County				

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS				
Name of Authorized Transporter of Oil ☒ or Condensate ☐ Tex-New Mex Pipeline		Address (Give address to which approved copy of this form is to be sent) P. O. Box 1510, Midland, TX 79701		
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ Getty		Address (Give address to which approved copy of this form is to be sent) P. O. Box 1137, Eunice, NM 88231		
If well produces oil or liquids, give location of tanks.	Unit E	Sec. 35	Twp. 21S	Rge. 37E
Is gas actually connected?		When April 25, 1963		
If this production is commingled with that from any other lease or pool, give commingling order number: R-5936				

III. COMPLETION DATA				
Designate Type of Completion - (X)				
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
Elevations (DF, RRP, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
Perforations		Depth Casing Shoe		
TUBING, CASING, AND CEMENTING RECORD				
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	

IV. 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/MCF	Gravity of Condensate
Testing Method (flow, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

V. 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.	
 Agent (Title) April 18, 1979 (Date)	

OIL CONSERVATION COMMISSION	
APPROVED APR 18 1979, 19	
BY	Orig. Signed Jerry Sexton Dist. J. Sexton
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 monthly tests taken on the well in accordance with RULE 111.	
All portions of this form must be filled out completely for allowable on new and recompleted wells.	
Fill out only portions I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.	

RECEIVED

APR 18 1979

OIL CONSERVATION COMM.
HOBBS, N. M.