Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

DISTRICT II P.O. Drawer DD, Anesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

	T	O TRAN	ISPORT OIL	AND NATURAL G		I ADI No		
ELLIOIT OIL COMPANY					Well API No. 30-025-07897			
Address PO Box 1355, R	oswell, N	M 882	02-1355					
Reason(s) for Filing (Check proper box) New Well Recompletion Change in Operator I change of operator give name address of previous operator		hange in Ti	ransporter of: bry Gas	Other (Please exp	olain)			
I. DESCRIPTION OF WELL	AND LEAS	SE						
well No. Pool Name, Including Well No. Pool Name, Including 2 Littman				ng Formation Kind San Andres Xiele,		d of Lease é, Federal mixFeek	Lease No. LC-069048	
Location Unit LetterM	:99	<u>0 </u>	eet From The S	outh Line and	990	Feet From The	West Line	
Section 9 Towns	nip 21S	P	tange 388	NMPM,	l.	.ea	County	
II. DESIGNATION OF TRA Name of Authorized Transporter of Oil	nghead Gas	Condensa	r Dry Gas	PO Box 4666, H Address (Give address to	louston, which approv	TX 77210-	4666	
ive location of tanks.	_iL				CTB 21:			
f this production is commingled with that V. COMPLETION DATA					Деерет		me Res'v Diff Res'v	
Designate Type of Completion	1 - (X)	Oil Well	Gas Well	i	Dæpen	_i,i_		
Date Spudded	Date Compl.	Ready to P	rod.	Total Depth		P.B.T.D.	P.B.T.D.	
Elevations (DF, RKB, RT, GR, etc.)	Name of Pro	ducing Fort	nation	Top Oil/Gas Pay		Tubing Depth	Tubing Depth	
Perforations	l_			I		Depth Casing S	hoe	
TUBING, CASING AND							CVC CEMENT	
HOLE SIZE	SIZE CASING & TUBING SIZE			DEPTH SE		SA	SAORS CEMENT	
V. TEST DATA AND REQUI	EST FOR Al	LOWA! Il volume of	BLE Tload oil and must	be equal to or exceed top a	illowable for	this depth or be for	full 24 hours.)	
Date First New Oil Run To Tank	Date of Test			Producing Method (Flow, pump, gas lýt, etc.)				
Length of Test	Tubing Press	aure		Casing Pressure		Choke Size	Choke Size	
Actual Prod. During Test	Oil - Bbls.			Water - Bbis.		Gas- MCF	Gas- MCF	
GAS WELL				Bbls. Condensate/MMCF		Gravity of Con	densate	
Actual Prod. Test - MCF/D	Length of T	est						
lesting Method (pitot, back pr.)	Tubing Pres	sure (Shut-i	n)	Casing Pressure (Shut-in)		Choke Size	Choke Size	
VI. OPERATOR CERTIFI I hereby certify that the rules and rep Division have been complied with a is true and complete to the best of m	gulations of the C and that the inform	il Conserva nation gives	ation	Date Approv	/ed	VATION D	33	
Signature Frank 0. Ell	iott		Operator		DISTRIC	ED BY JERRY	EXTOM	
Printed Name 10/28/93 Date	(50	5) 622-	Title <u>-5840</u> phone No.	Title				

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.