NO. OF COPIES RECEIVED				
DISTRIBUTION		ONSERVATION COMMISSION	Form C-104 Supersedes Old C-104 and C-110	
SANTA FE	REQUENT	FOR ALL OWARLE	Effective 1-1-65	
FILE U.S.G.S.			GAS	
		ANSPORT ON AND NATURAL (
TRANSPORTER OIL				
GAS OPERATOR	_			
PRORATION OFFICE				
Cperator				
ELLIOTT PRODUCTION (DMPANI			
P. O. BOX 1355, Ros	well, New Mexico			
Reason(s) for filing (Check proper bio	x)	Other (Please explain) Elliott Oil. In	c. merged into Elliott	
New Well Recompletion	Change in Transporter of: Oli Dry G	Production Comp	any with Elliott Productio	
Change in Ownership	Casinghead Gas Conde	msate Company, P.O. B	ox 1355, Rosvell, New Mexi	
If change of ownership give name			•	
and address of previous owner	ELLIOTT OLL INC.	. 0. Box 1355, Roswell,	NEW MEXICO	
I. DESCRIPTION OF WELL AND) LEASE			
Lease Name	Well No. Pool Name, Including I	$\frac{1}{2} \frac{1}{2} \frac{1}$		
Wylie	4 -Elliott Abc	<u> </u>	ral or Fee Federal NM-0554603	
	60 Feet From The North	ne and Feet From	The West Line	
Unit Letter D ; 6				
Line of Section 9 7	ownship 21S Range	38E , NMPM,	Lea County	
U DESIGNATION OF TRANSPOL	RTER OF OIL AND NATURAL G	AS		
Name of Authorized Transporter of C	011 X or Condensate	Address (Give dadress to which dop)		
Shell Pipeline Corp	oration	P. O. Box 2648, Rous	ton, Texas oved copy of this form is to be sent)	
Name of Authorized Transporter of C	Dasinghead Gas or Day Gas			
	Unit Sec. Twp. Fge.	is gas acraally competent	/hen	
If well produces oil or liquids, give location of tanks.	G 8 218 38	No.		
If this production is commingled	with that from any other lease or pool	, give commingling order number:		
V. COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Flug Back Same Res'v. Diff. Res'v.	
Designate Type of Complet			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Date Spudd e d	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
Elevations (DF, RKB, RT, GR, etc.	Name of Producing Formation	Tep Oil/Gas Pay	Tubing Depth	
Elevations (Dr, AKB, R1, GK, etc.				
Perforations	L		Depth Casing Shoe	
	TURING CASING A	ND CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
V TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be	after recovery of total volume of load c	bil and must be equal to or exceed top allow-	
OIL WELL		depth or be for full 24 hours) Producing Method (Flow, pump, gas		
Date First New Oil Run To Tanks	Date of Test	Producing Mathod (1 tow, pamp; and		
Length of Test	Tubing Pressure	Casing Pressure	Chcke Size	
			Gas - MCF	
Actual Prod. During Test	011-Bb1s.	Water - Bbls.		
GAS WELL				
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
Testing Method (pitot, back pr.)	TATINA LIGORANO (OTAC_TH)			
VI. CERTIFICATE OF COMPLIA		OIL CONSER	VATION COMMISSION	
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.				
		i. BY	BY 1	
ELLIOTT PRODUCTION		This form is to be filed-	in compliance with RULE 1104.	
Educe 1	1 Elter IT_		llowable for a newly drilled or deepened npanied by a tabulation of the deviation	
(5	Signature)	well, this form must be accord tests taken on the well in ac	cordance with RULE 111.	
Vice President	(Title)	All sections of this form able on new and recompleted	must be filled out completely for allow-	
May 18, 1967	11.0007	mus contra Decisiona 1	IT IT and VI for changes of owner	
	(Date)	well name or number, or trans	porten or other such change of condition must be filed for each pool in multiply	

Separate Forms C-104 must be filed for each pool in mu completed wells.