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

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRIC	<u>тш</u>				
1000 Rio	Brazos	Rd.	Aztec.	NM	87410

I.

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Unit Letter	Lease No. LCO 65525 est Lin County 9702 be sent)
Reason(1) for Filing (Check proper box)	Lease No. LCO 65525 est Lin County 9702 be sent)
Reason(s) for Filing (Check proper box) New Well Change in Transporter of:	Lease No. LCO 65525 est Lin County 9702 be sent)
New Well	Lease No. LCO 65525 est Lin County 9702 be sent)
Contense Casinghead Gas Condensate Dry Gas SunEAU OF LAND MANAGEMENT (If change of operator give name and address of previous operator If Lase Name Elliott-Fields 2 Well No. Pool Name, including Formation State, Federal or Fee 1 Lase Name Elliott-Fields 2 Wantz Abo State, Federal or Fee 1 Location Unit Letter 1980 Feet From The South G60 Feet From The Section 6 Township 21S Range 38E NMFM, Lea	Lease No. LCO 65525 est Lin County 9702 be sent)
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If change of operator give name and address of previous operator II. DESCRIPTION OF WELL AND LEASE Lease Name Elliott-Fields 2 Wantz Abo Kind of LeaseFederal State, Federal or Fee Internation Internation Unit Letter 1980 Feet From The Section 6 Township 21S Range 38E NMPM, Lea III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil Phillips of Company Transporter of Oil Phillips of Company Transporter of Canighead Gas Texaco Producing, Inc. If well productes oil or liquids, Unit Sec. Twp. Rge. Is gas actually connected? When? Address (Give address to which approved copy of this form is to Texaco Producing, Inc. If well productes oil or liquids, Unit Sec. Twp. Rge. Is gas actually connected? When? Oil Well Gas Well New Well Workover Deepen Plug Back Same R Designate Type of Completion - (X) V. COMPLETION DATA Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepen Plug Back Same R 24/11/89 5/19/89 7800 7771 Tubing Depth 7293 Depth Casing Shoe 7105-7342 Upper Abo 7390-7563 Lower Abo TUBING, CASING AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS C	Lease No. LCO 65525 est Lin County be sent) 9702 be sent)
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Section 6 Township 21S Range 38E NMPM, Lea MII. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil XX or Condensate P. O. Box 791, Micland, Texas 75 Name of Authorized Transporter of Casinghead Gas Texas or Dry Gas Address (Give address to which approved copy of this form is to P. O. Box 791, Micland, Texas 75 Name of Authorized Transporter of Casinghead Gas Texas or Dry Gas Address (Give address to which approved copy of this form is to P. O. Box 3000, Tul sa, Oklahoma is contained to this production of tanks. If well produces oil or liquids, pive location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number: V. COMPLETION DATA Designate Type of Completion - (X) X Is as well New Well Workover Deepen Plug Back Same R. X Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D. 7771 Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth 7293 Perforations TuBING, CASING AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CASING & TUBING SIZE SACKS	County be sent) 9702 be sent)
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SACKS C	
12-1/4 8-5/8 1600 550 sx. +	200 SX.
7-7/8 5-1/2 7800 935 + 725	SX.
TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be expelled.)	
24 The second of	hours.)
Date of Test Producing Method (Flow, pump, gas lift, etc.) 5/19/89 6/05/89 Pump	
ength of Test Tubing Pressure Casing Pressure Choke Size	
24 725 22/64	
Citial Frod. During Test Oil - Bbls. Water - Bbls. Gas- MCF	
32 56 40	
GAS WELL ctual Prod. Test - MCF/D Length of Test Phile Cond. 20 (CT)	
ctual Prod. Test - MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate	
sting Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size	· · · · · · · · · · · · · · · · · · ·
Casing Pressure (Shut-in) Choke Size	
I. OPERATOR CERTIFICATE OF COMPLIANCE	
I hereby certify that the rules and regulations of the Oil Conservation OIL CONSERVATION DIVIS	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.	ION
Date Approved	
Signature By ORIGINAL SIGNED BY JERRY	1989
	1989
Marty B. McClanahan Sr. Prod. Analyst	1989
Marty B. McClanahan Sr. Prod. Analyst Printed Name	1989

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 with Rule 111.
- 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.