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U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	G A S		
OPERATOR			
PRORATION OFFICE			

Vice President

May 18, 1967

(Title)

(Date)

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND HUBBS OFFICE O. C. C.

Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65

	LAND OFFICE AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS LAND OFFICE JUN 14 16 27					
	TRANSPORTER GAS GAS					
	OPERATOR					
1.	Operator		<u> </u>			
	ELLIOTT PRODUCTION COMPANY					
	P. 0. BOX 1355,	Roswell, New Mexico				
	Reason(s) for filing (Check proper box		Other (Please explain)	Elliott Oil, Inc. merged		
	New Well	Change in Transporter of:	into Elliott P	roduction Company with		
	Recompletion Change in Ownership	Oil Dry G Casinghead Gas Conde		tion Company, P.O. Box 1359		
	Change in Ownership	Cusingheda Gas conac	Corporation.	exico being surviving		
	If change of ownership give name and address of previous owner	ELLIOTT OIL, INC., P.	0. Box 1355, Roswell,	New Mexico		
II.	DESCRIPTION OF WELL AND	LEASE Well No. Pool Name, Including I	Formation Kind of L	ease Lease No.		
	Lease Name Elliott Parameter	1 Terry Bli	nebry State, Fe	deral or Fee Federal IC-065525		
	Location					
	Unit Letter # 25	Feet From The South Li	ne and Feet Fr	om The		
	Line of Section 1 To	ownship 218 Range	37E , NMPM,	County		
III.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL G	AS			
	Name of Authorized Transporter of Oi			pproved copy of this form is to be sent)		
	Shell Pipeline (Name of Authorized Transporter of Co	or Dry Gas or Dry Gas	P. O. Box 2648, H. Address (Give address to which a	oproved copy of this form is to be sent)		
	Skelly 011 Compa		P. O. Box 1650, T			
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected?	When		
	give location of tanks.	ot 13 1 218 37		1954		
	If this production is commingled w COMPLETION DATA	ith that from any other lease or pool	, give commingling order number:			
	Designate Type of Completi	on - (X)	New Well Workover Deepen	Plug Back Same Resty. Diff. Resty.		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	Floreston (DE RVD DT CD	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
	Elevations (DF, RKB, RT, GR, etc.)	Admin of Freducing Commune				
	Perforations			Depth Casing Shoe		
	TUBING, CASING, AND CEMENTING RECORD					
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
V.	TEST DATA AND REQUEST I	FOR ALLOWABLE (Test must be	after recovery of total volume of load	loil and must be equal to or exceed top allow-		
	OII. WELL able 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	Bbis. Condensate/MMCF	Gravity of Condensate		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
VI. CERTIFICATE OF COMPLIANCE		NCE	QIL CONSE	RVATION COMMISSION		
			APPROVED	, 19		
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 belified the complete to the best of my knowledge and belified the company.		n n				
		he best of my knowledge and belief	B B			
		TON CEMPANY	TITLE			
		4. 2.2.2		i 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 deviation tests taken on the well in accordance with RULE 111. 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.