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NEW MEXICO OIL CONSERVATION COMMISSIC REQUEST FOR ALLOWABLE O. C. C.

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

TRANSPORTER OIL		ा प्राप्त का	
OPERATOR GAS	_		
PRORATION OFFICE			
Operator ELLIOTT PRODUCTI	ON COMPANY		
Address	Dames 22 - March 2 -		
Reason(s) for filing (Check proper box	Roswell, New Mexico	Other (Please explain)	Elliott Oil, Inc. merged
New Well	Change in Transporter of:		Production Company with
Recompletion	Oil Dry Go		tion Company, P.O. Box 1355
Change in Cwnership	Casinghead Gas Conde		fexico being surviving
If change of ownership give name	WITTOOMS ATT THE W	Corporation.	19 - Wassa Massala a
and address of previous owner	SideWit Olly Inc., P	. O. Box 1355, Roswell	LL, New Mexico
DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including Formation		Cormation Kind of	Lease Lease No.
Lease Name Elliott Federal	2 Terry Bli		ederal or Fee Federal IC-065525
Location			
Unit Letter;29	70 Feet From The South Lin	ne and <u>1650</u> Feet 1	From The
1 77	ownship 215 Range	277 , NMPM,	₹ County
Line of Section To	ownship ZI: Range	378 , NMPM,	
DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	AS	approved copy of this form is to be sent)
Name of Authorized Transporter of O			
Shell Pipeline C	nsinghead Gas 👽 or Dry Gas 🗔	Address (Give address to which	approved copy of this form is to be sent)
Skelly 011 Compa	-	P. O. Box 1650, T	ulsa 2, Oklahoma
If well produces oil or liquids,	Unit Sec. Twp. Eqe.	Is gas actually connected?	When
	ot 13 1 218 375	Yes	1954
If this production is commingled w COMPLETION DATA	ith that from any other lease or pool,	New Well Workover Deep	
Designate Type of Complet			
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Elevations (DF, ARB, A1, GR, etc.)	italie of Floradomy Formation		
Perforations			Depth Casing Shoe
	TUBING CASING AN	D CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
HOLE SIZE			
. TEST DATA AND REQUEST	COP ALLOWARIE (Test must be	after recovery of total volume of lo	ad oil and must be equal to or exceed top allo
OIL WELL	able for this d	lepth 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
Length of Yest			
Actual Prod. During Test	Oil-Bbis.	Water - Bbls.	Gas - MCF
GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
.esting Method (pitot, back pr.)	' antid' : sanma (Dung_Tm)		
CERTIFICATE OF COMPLIA	NCE	OIL CONS	ERVATION COMMISSION
		J	. 19
I hereby certify that the rules an	d regulations of the Oil Conservation	APPROVED	, 19
Commission have been complied above is true and complete to t	with and that the information giver he best of my knowledge and belief	- BY	

ELLIOTT PRODUCTION COMPANY

Vice President

May 18, 1967

(Date)

(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 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.