NO. OF COPIES REC	i		
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SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
IRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OF			

	SANTA FE				. —	REQUEST	FOR ALL	OWABLE	331CI4		m C-104 persedes Old Co	-104 and C-110	
	FILE U.S.G.S.						AND			Eff	Effective 1-1-65		
	LAND OFFICE	AUTHORIZATION TO TRANSPORT OIL AND NATURAL					ATURAL G	AS					
	01	-					•						
	TRANSPORTER GA												
_	OPERATOR OFFICE	_											
I.	Operator Operator	<u>-                                      </u>	<u>i</u>					<del></del>					
	ELLIOTT Address												
	P.O. Box 1355, Roswell, New Mexico 88201  Reason(s) for filing (Check proper box)  Other (Please explain)										<u> </u>		
New Well Change in Transporter of: Elliott Production Company									any liquid	dated			
	Recompletion Change in Ownership X			Oil Casinghead Ga	Dry Go					April 1,			
	If change of ownership							Agreeme			ds Operat	ing	
	and address of previous	Sive	Jet —		LLIOTT PRO		<u>COMPA</u>	.NY		- Stockie	nacro.		
II.	DESCRIPTION OF W	ELL	L AN	P. NDLI	O. Box 1355 EASE	5, Roswell,	New M	lexico 88	3201				
	Lease Name Elliott B Fee				Well No. Pool	Name, Including F		) /	Kind of Lease		1 116	Lease No.	
	Location Location	uei	. a1			c <del>Terry</del> Bl	medry /	(- 4.50	State, Federal	or Fee P C	deral LC	-005525	
	Unit Letter W	;		660	Feet From The	South Lin	e and 2	970	_ Feet From 7	ne We	est		
	Line of Section 1			Towns	21.0		37E		_	Lea			
	Line of Section 1	-		Iown	anip 210	Range	0712	, NMPM,		Lea		County	
III.	DESIGNATION OF TI	RAN	SPC	OUL	ER OF OIL AND		S	<del>, , , , , , , , , , , , , , , , , , , </del>	<del>- , , , , </del>				
	Shell Pipeline C			-	<del></del>	adie [_]	1	O. Box 2			his form is to b Texas.	e sent)	
	Name of Authorized Trans	sport	er of	Casin	ighead Gas 📉 o	r Dry Gas 🗔	Address (G	ive address to	which approx	ed copy of th	his form is to b	e sent)	
	Skelly Oil Com			<u>_</u>	Unit Sec.	Twp. Rge.		D. Box 1			lahoma		
	If well produces oil or liq give location of tanks.		Lot		13 1	21S 37E	Ye	-	i whe	 1955			
	If this production is com	nmin	gled	with	that from any oth	er lease or pool,	give commi	ngling order	number:	<del> </del>	<del></del>		
IV.	COMPLETION DATA				Oil Wel	l Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Resty.	
	Designate Type of	E Co	mple					† †	! ! 	! !	1		
	Date Spudded			[	Date Compl. Ready	to Prod.	Total Depti	,		P.B.T.D.			
	Elevations (DF, RKB, RT	, GR	, etc.	۱ ز.	Name of Producing F	Formation	Top Oil/Go	s Pay		Tubing Der	pth		
	Perforations						<u> </u>	T- T-					
	Periorations									Depth Casi	.ng Shoe		
				TUBIN	CEMENTI	NG RECORD	)						
	HOLE SIZE	Ξ			CASING & TI	JBING SIZE		DEPTH SE	Τ	\$	ACKS CEMEN	<u> </u>	
											<del></del>		
										ļ ———			
<b>v</b> .	TEST DATA AND RE	OU	EST	FOR	RALLOWABLE	(Test must be a	iter recovery	of total volum	e of load oil i	and must be a	equal to or exc	eed top allow	
	OIL WELL Date First New Oil Run T				·	able for this de	pth or be for	full 24 hours)			rquat to or exci	tea top attour	
	Date First New Oil Hun T	0 1 0	inks	-	Date of Test		Producing !	Method (Flow,	pump, gas lif	i, etc.)			
	Length of Test			7	Tubing Pressure		Casing Pre	seure	<del></del>	Choke Size	,		
	Actual Prod. During Test			-	Oil-Bble.		Water - Bble			Gas-MCF			
	CACHITY												
ĺ	GAS WELL Actual Prod. Test-MCF/	Ď		L	ength of Test	· · · · · · · · · · · · · · · · · · ·	Bbis. Cond	ensate/MMCF	<del></del>	Gravity of	Condensate	<del></del>	
					<del> </del>								
	Testing Method (pitot, bar	ck pr	••)	T	Cubing Pressure (8)	ut-in )	Casing Pre	saure (Shut-:	in)	Choke Size	t		
VI.	CERTIFICATE OF C	OMF	PLIA	ANCE	€			OILC	ONSERVA	TION CO	MMISSION		
							4000	)		MAY 2	5 1970.		
	I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given					APPRO		7	The state of the s				
	pove is true and complete to the best of my knowledge and belief,						BY	1	RVISOR	MSTRIC1	my		
	ELLIOTT OIL COMPANY						TITLE	/ SUP	KAIDON			<del></del>	
	150	1	////	>					with RULE 1				
-	- Jour	(Signature)							If this is a request for allowable for a newly drilled or despened well, this form must be accompanied by a tabulation of the deviation				
Operator (Title)					1	tests taken on the well in accordance with RULE 111.  All sections of this form must be filled out completely for allow-							
	May	May 18, 1970						able on new and recompleted wells.  Fill out only Sections I. II, III, and VI for changes of owner,					
•	<u></u>			(Date)			well nam	e or number,	or transport	er, or other i	such change o	of condition.	
								Separate Forms C-104 must be filed for each pool in multiply completed wells.					

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MAY 2 2 1970

OIL CONSERMATION COMM. HORBS, H. IA.