

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator Elliott Oil Company

Address P.O. Box 1355, Roswell, NM 88201

Reason(s) for filing (Check proper box) Other (Please explain)

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Dry Gas
<input checked="" type="checkbox"/> Recompletion Deepened Well	<input type="checkbox"/> Oil	<input type="checkbox"/> Condensate
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Elliott "B"</u>	Well No. <u>4</u>	Pool Name, including Formation <u>Drinkard R-7842</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No. <u>LC065529</u>
Location Unit Letter <u>L</u> : <u>3630</u> Feet From The <u>North</u> Line and <u>330</u> Feet From The <u>West</u> Line of Section <u>1</u> , Lot <u>12</u> Township <u>21-S</u> Range <u>37E</u> , NMPM, <u>Lea</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Shell Oil Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 3105, Houston, TX 77001</u>	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Getty Oil Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 3000, Tulsa, OK 74102</u>	
If well produces oil or liquids, give location of tanks.	Unit <u>M</u>	Sec. <u>1</u>
	Twp. <u>21S</u>	Rge. <u>37E</u>
Is gas actually connected? <u>Yes</u>		When <u>Upon first production</u>

If this production is commingled with that from any other lease or pool, give commingling order number: _____

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

[Signature]
(Signature)

[Title]
(Title)

[Date]
(Date)

OIL CONSERVATION DIVISION

APPROVED JAN 14 1985, 19 _____

BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

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.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
						X			
Date Spudded 5/3/84	Date Compl. Ready to Prod. 12/17/84	Total Depth 7,000'				P.B.T.D. 6,975'			
Elevations (DF, RKB, RT, CR, etc.) 3522' KB; 3511' GL	Name of Producing Formation Drinkard	Top Oil/Gas Pay 6,664'				Tubing Depth 5,600'			
Perforations See Below						Depth Casing Shoe 7,000'			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12 1/4"	8 5/8"		3029'		1300 sks				
7 7/8"	5 1/2"		5890'		500 sks				
4 3/4"	4" flush joint		7000'		60 sks;				
Top 5663'		/liner		reversed out 2 from top of liner					

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 12/17/84	Date of Test 12/17/84	Producing Method (Flow, pump, gas lift, etc.) Swab test	
Length of Test 24 Hrs	Tubing Pressure 0	Casing Pressure 0	Choke Size 1"
Actual Prod. During Test 323 Bbls	Oil - Bbls. 71	Water - Bbls. 252	Gas - MCF TSTM

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

Perforations: 6958'-6962' 1 shot/ft
6950'-6954' 1 shot/ft
6944'-6945' 1 shot/ft
6938'-6941' 1 shot/ft
6932'-6936' 1 shot/ft
6924'-6926' 1 shot/ft
6896'-6902' 1 shot/ft
6889'-6891' 1 shot/ft
6786'-6788' 1 shot/ft
6770'-6771' 1 shot/ft
6758'-6759' 1 shot/ft
6736'-6744' 1 shot/ft
6714'-6718' 1 shot/ft
6664'-6668' 1 shot/ft

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O.C.D.
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