NO. OF COPIES REC	CIVED	j	
DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			

(Tille)
May 18, 1970 (Date)

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III.

IV.

DISTRIBUTION	NEW MENT OF THE PARTY OF THE PA			
SANTA FE		ONSERVATION COMMISSION Form C-104 FOR ALLOWABLE Supersedes Old C-104 and C-110		
FILE		FOR ALLOWABLE Supersedes Old C-104 and C-110 Effective 1-1-65		
U.S.G.S.	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL G	AS	
LAND OFFICE	_			
TRANSPORTER GAS	-			
OPERATOR	·			
PRORATION OFFICE	1			
Operator				
ELLIOTT OIL (COMPANY			
Address				
P.O. Box 1355	, Roswell, New Mexico	88201		
Reason(s) for filing (Check proper box New Well		Other (Please explain) Elliott Production	n Company liquidated	
Recompletion	Change in Transporter of: Oil Dry Gr			
Change in Ownership X	Oil Dry Ga Casinghead Gas Conder		effective April 1, 1970.	
	Conde		any holds Operating	
If change of ownership give name and address of previous owner	ELLIOTT PRODUCTION	Agreement from	Stockholders.	
	P.O. Box 1355, Roswell			
DESCRIPTION OF WELL AND	LEASE	•		
Lease Name	Well No. Pool Name, Including F	ormation Kind of Lease	1 5-45-6 1.0.	
Elliott B Federal	4 Jerry Bli	nebry K-4.304 State, Federal	or FooFederal LC-065525	
-	O Namel			
Unit Letter L ; 303	O Feel From The North Lin	e and 330 Feet From T	he West	
Line of Section 1 Tox	waship 21S Banga	37E NMPM Le	a	
Line of Section 1 180	wnship ZID Range	1 241412 1413	VE JANUARY 31, 1977,	
DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA		OIL COMPANY MERGED	
Name of Authorized Transporter of Oil	or Condensate	Address (Give address to when the		
Shell Pipeline Corpora	tion	P.O. Box 2 648, Housto		
Name of Authorized Transporter of Car	singhead Gas 📉 💮 or Dry Gas 🦳	Address (Give address to which approved copy of this form is to be sent)		
Skelly Oil Company		P.O. Box 1650, Tulsa, Oklahoma		
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? When		
give location of tanks. Lot	<u> 13 1 21S 37E</u>	Yes	1955	
f this production is commingled wi	th that from any other lease or pool,	give commingling order number:		
COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.	
Designate Type of Completion	on = (X)	l	Find Buck Scine Res.v. Diff. Res.v.	
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	
Perforations			Depth Casing Shoe	
·		****		
101 5 5175		CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
TEST DATA AND REQUEST FO	OR ALLOWARIE (Test must be at	ter recovery of total volume of land off a	and must be equal to or exceed top allow-	
OIL WELL		pth or be for full 24 hours)	and must be equal to or exceed top allow-	
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lif	i, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
Actual Prod, During Test	Oil-Bbis.	Manage Philip		
Actual Prod. During 1 est	Oli-Bbis.	Water-Bble.	Gas - MCF	
	L.	<u> </u>		
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	
		•		
CERTIFICATE OF COMPLIANCE	CE	OIL CONSERVA	TION COMMISSION	
	O'LL GOLDEN AN I TOLK GOLDEN T			
hereby certify that the rules and regulations of the Oil Conservation APPROVED				
ommission have been complied with and that the information given		Tinto		
sove is true and complete to the best of my knowledge and belief.			ISTRICT	
ELLIOTT OIL COMPANY				
This form is to be filed in compliance with RULE 1104.				
Stall sker		If this is a request for allowable for a newly drilled or despened		
(Signature) Operator well, this form must be accompanied by a tabulation of the deviation				
Operato	'I			

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.

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