

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	NAT
OPERATOR	
PRORATION 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 **Box 1355, Roswell, New Mexico 88201**

Reason(s) for filing (Check proper box)

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

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Elliott - Monterey	Well No. 5	Pool Name, including Formation Wantz Abo	Kind of Lease State, Federal or Fee Fed.	Lease No. 065525
Location Unit Letter U : 660 Feet From The S Line and 810 Feet From The W				
Line of Section 1 Township 21S Range 37E , NMPM, Lea 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"/> Shell Oil Company	Address (Give address to which approved copy of this form is to be sent) Box 3105, Houston, Texas 77001
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Getty Oil Company	Address (Give address to which approved copy of this form is to be sent) Box 3000, Tulsa, Oklahoma 74102
If well produces oil or liquids, give location of tanks.	Is gas actually connected? Yes When 1st Production

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

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)
Owner _____
(Title)
4/3/85
(Date)

OIL CONSERVATION DIVISION

APPROVED **APR 10 1985**, 12 _____
BY **ORIGINAL SIGNED BY JERRY TAYLOR**
TITLE **DISTRICT SUPERVISOR**

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 X	Gas Well	New Well	Workover	Deepen X	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 3/8/85	Date Compl. Ready to Prod. 4/1/85		Total Depth 7502		P.B.T.D. 7440				
Elevations (DF, RKB, RT, GR, etc.) D.F. 3493	Name of Producing Formation Abo		Top Oil/Gas Pay 6964		Tubing Depth 7400				
Perforations see below					Depth Casing Shoe 7500				
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4		10 3/4		232		250 Cir.			
9 7/8		7 5/8		3152		1000			
6 3/4		5 1/2		5510		350			
4 3/4		4" FJ Liner		5600 - 7500		147			

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 4/1/85	Date of Test 4/1/85	Producing Method (Flow, pump, gas lift, etc.) Swab	
Length of Test 15 hr.	Tubing Pressure 0	Casing Pressure 250	Choke Size 1"
Actual Prod. During Test 96	Oil - Bbls. 93	Water - Bbls. 3	Gas - MCF 280

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

APR - 8 1985
O.C.D.
HOBBS OFFICE

Elliott Oil Company

Box 1355

Roswell, New Mexico 88201

505/622-5840

FRANK O. ELLIOTT

April 3, 1985

State of New Mexico
Oil Conservation Division
P. O. Box 2088
Santa Fe, New Mexico 87501

RE: Deviation Survey
Elliott-Monterey #5

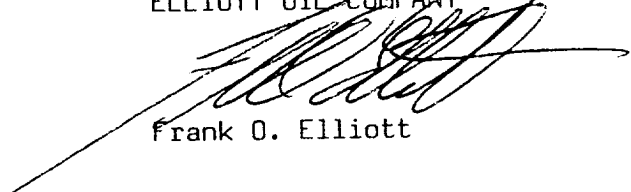
Gentlemen:

The following is a deviation survey on the above referenced well located in Lea County, New Mexico.

5800 - 1 1/2°
6928 - 1°
7200 - 1 3/4°
7500 - 2 1/4°

Sincerely,

ELLIOTT OIL COMPANY

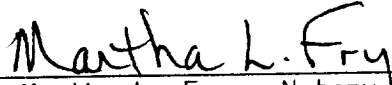

Frank O. Elliott

State of New Mexico)
)
County of Chaves)

The foregoing was acknowledged before me this 3rd day of April, 1985, by Frank O. Elliott.

My Commission Expires:

12/23/88


Martha L. Fry, Notary Public

RECEIVED

APR -8 1985

O.C.D.
HOBBS OFFICE

NEW MEXICO OIL CONSERVATION COMMISSION
WELL LOCATION AND ACREAGE DEDICATION PLAT

Form C-102
Supersedes C-128
Effective 1-1-65

All distances must be from the outer boundaries of the Section.

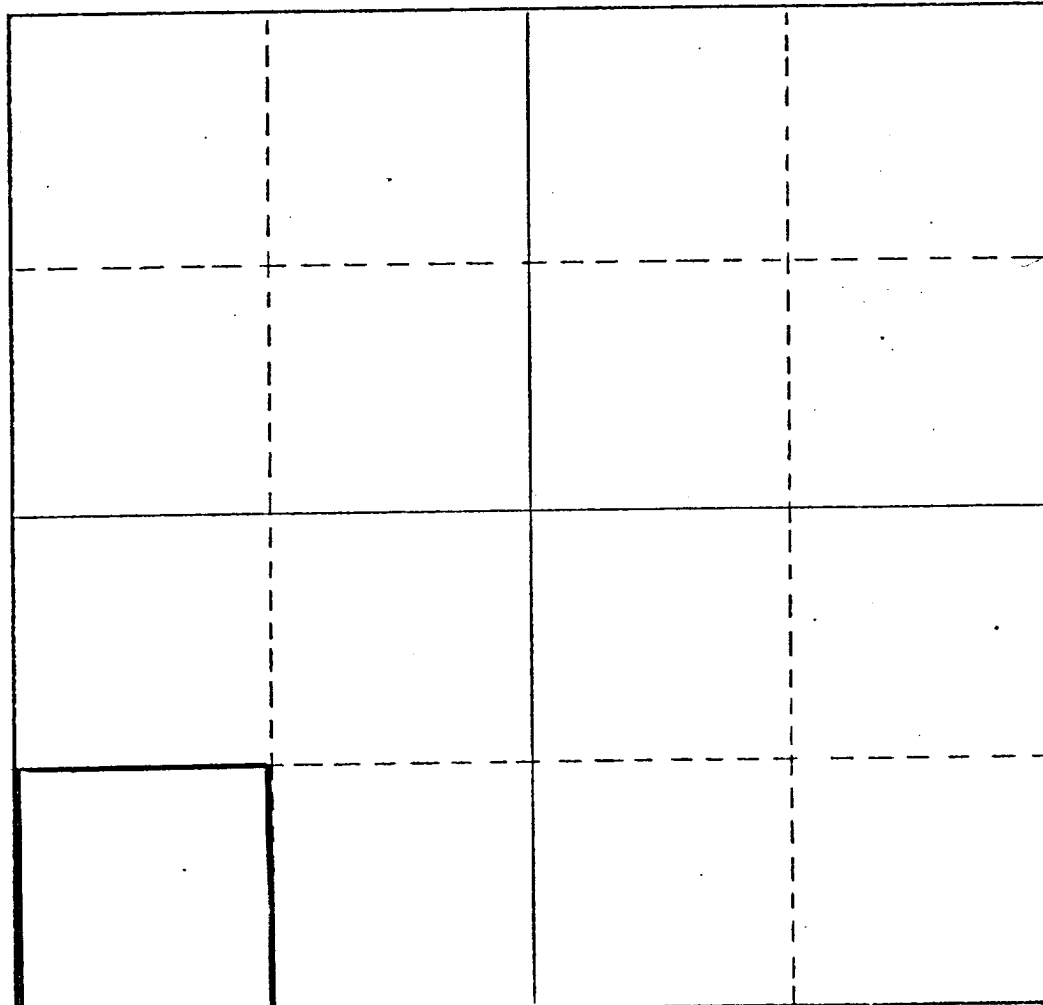
Operator ELLIOTT OIL COMPANY		Lease ELLIOTT-MONTEREY		Well No. 5
Unit Letter U	Section 1	Township 21 S	Range 37 E	County Lea
Actual Footage Location of Well: 660' feet from the South line and 810' feet from the West line				
Ground Level Elev. 3483	Producing Formation Abo	Pool Wantz	Dedicated Acreage: 40 Acres	

1. Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below.
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
3. If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling, etc?

☐ Yes ☐ No If answer is "yes," type of consolidation _____

If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.) _____

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Commission.



CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

Name
Frank O. Elliott
Position
Owner
Company
Elliott Oil Company
Date
4/3/85

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed

Registered Professional Engineer
and/or Land Surveyor

Certificate No.

0 330 660 990 1320 1650 1980 2310 2640 2000 1500 1000 500 0

RECEIVED

APR -8 1985

HOBBY SERVICE