Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

| Operator FILIDIT OIL COMP | ANIV | | | | | | Wei | 11 API NO. 30 025 .0 | 4335 | | |
|-----------------------------------------------------------------------------------|---------------------------|----------------------------|-----------------------------|---------------------------|-----------------------|-------------------------------------------------------------------------------------------------------|-----------------------------------------|------------------------------------------------------------------|-----------------------|-----------------------------------------------|--|
| ELLIOTT OIL COMP | | | | | | , | | 30-025-0 | رررن | | |
| Address P.O. Box 1355, R | Roswell, | , NM 8 | 88202- | 1355 | | | | | | <u></u> | |
| Reason(s) for Filing (Check proper box) | | | | | Oth | er (Please expl | lain) | | | | |
| Vew Well | 6.1 | Change in | | | | | | | | | |
| Recompletion \square | Oil | _ | Dry Gas Condens | | | | | | | | |
| Thange in Operator change of operator give name | Casinghea | u U25 | CONGER | -uc [_] | | | ······································ | | | | |
| change of operator give name ad address of previous operator | | | | | | | • | | | | |
| I. DESCRIPTION OF WELL | AND LEA | ASE | | | | | | | | | |
| case Name Well No. Pool Name, Include | | | | | 101112 | | | Kind of Lease No. State, Federal MARKER Lease No. LC-065525-B | | | |
| Elliott F edera | rl | 6 | | Bline | ebry | | | at, reactar divisor | , ILC-06 | 3323-B | |
| Location | 4 | 60 | | | South Lin | 1 | .980 | Feet From The _ | West | Line | |
| Unit LetterV | _ : | | _ Feet Fro | m the | опет дв | E ADO | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | rectrion inc. | | | |
| Section l Townshi | p 21 | S | Range | 371 | , NI | мрм, | | Lea | | County | |
| II. DESIGNATION OF TRAN | SPADTE | D OF O | 11. ANI | NATIII | RAL GAS | | | | | | |
| Name of Authorized Transporter of Oil, | | or Conder | | | Address (Giv | | | ved copy of this fo | | ini) | |
| EOIT Energy Corp. P. Deline Co | | | | | | PO Box 4666, Houston, TX 77210-4666 | | | | | |
| Name of Authorized Transporter of Casinghead Gas X or Dry Gas | | | | | | Address (Give address to which approved copy of this form is to be sent) PO Box 3000, Tulsa, OK 74102 | | | | | |
| Texaco well produces oil or liquids. Unit Sec. Twp. Rge | | | | Rge. | 1 | | | UK /41UZ When 7 | | | |
| If well produces oil or liquids, ive location of tanks. | Unit | Sec. | , , ~ p. | l v.Rc. | bas second | , | i | - | | | |
| this production is commingled with that | from any oth | ner lease or | pool, give | commingl | ng order num | ber: | | | | | |
| V. COMPLETION DATA | <u> </u> | | | | New Well | | Deeper | n Plug Rack | Same Res'v | Diff Res'v | |
| Designate Type of Completion | - (X) | Oil Well | ı IG | as Well | I WEN MEU | TOROVEI | Deeper | | | <u>i </u> | |
| Date Spudded | | pl. Ready to | o Prod. | | Total Depth | | | P.B.T.D. | | | |
| | | | | | Top Oil/Gas Pay | | | Tubing Dept | Tuhing Denth | | |
| evations (DF, RKB, RT, GR, etc.) Name of Producing Formation | | | | | | | | roung popul | | | |
| erforations | <u>.l.,</u> | | | | | | | Depth Casin | g Shoe | | |
| | | | | | | | | | | | |
| TUBING, CASING AND | | | | | CEMENTI | | | | SACKS CEMENT | | |
| HOLE SIZE | CA | SING & T | UBING S | IZE | | DEPTH SE | <u>'</u> | | SAUNS ULIVIENT | | |
| | | | | | | | | | | | |
| | - | | | | | | | | | | |
| | - | | | | | | | | | | |
| V. TEST DATA AND REQUE | ST FOR A | ALLOW | ABLE | | | | llamabla Gor | this death or he | for full 24 ho | urs.) | |
| OIL WELL (Test must be after | recovery of 1 | otal volume | of load o | il and must | be equal to o | lethod (Flow, p | owno. eas li | ins apin or be) | 07 1 2 1 1 1 1 1 | | |
| Date First New Oil Run To Tank | Date of Te | est | | | 1 tornering in | iculos (i tomy) | 7.0 | | | | |
| Length of Test | Tubing Pressure | | | | Casing Pressure | | | Choke Size | Choke Size | | |
| | | • | | | | | | Gas- MCF | Gas- MCF | | |
| Actual Prod. During Test | Oil - Bbls | | | | Water - Bbis | i. | r | | | | |
| | | | | | L | | | <u> </u> | | | |
| GAS WELL Actual Prod. Test - MCF/D | Length of Test | | | | Bbls. Condensate/MMCF | | | Gravity of C | Gravity of Condensate | | |
| Actual Flod. 1680 - MICLID | | | | Casing Pressure (Shut-in) | | | | Choke Size | | | |
| lesting Method (pitot, back pr.) | Tubing Pressure (Shut-in) | | | | | | Choke Size | | | | |
| | | | DI 1 1 1 1 | | | | | | | | |
| VI. OPERATOR CERTIFIC | CATE O | F COM | PLIAN | ICE | 11 | OIL CO | NSER | VATION | DIVISIO | NC | |
| I hereby certify that the rules and regu- Division have been complied with and | mations of the | e Oil Conse ormation gi | rvauon ven above | : | | | | No 4 | 0 02 | | |
| is true and complete to the best of my | knowledge | and belief. | \supset | | Dat | e Approv | ed | NOV 021 | J JJ | , ··- | |
| 1/1 | 1 <i>(%))</i> | I A | _ | | | 6.1 | | | | | |
| T/W | the | | | _ | ∥ By_ | | | | | | |
| Signature Frank O. Elliot | t | | _Oper | ator | | | | | | | |
| Printed Name | | (| Title | | Title | ə | | | | | |
| 10/28/93 | (| (505) <u>(</u> | 522 <u>–58</u> Jephone N | 4U | | | | | | | |
| Date | | | | | | | | | | | |

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.