Submit 5 Copies
Appropriate District Office
DISTRICT 1
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., Aziec, NM 87410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION NEDORT OIL AND NATURAL GAS

•	10	INAN	SFU	HI OIL	AND NA	0101200	Well A	PI No.			
nerator							-025-10091				
Address											
P.O. Box 2219, H	obbs, N	M 88	3240)				ra	+	0 m + c ===	
teason(s) for Filing (Check proper box)	per box)					Other (Please explain) Designate transporters					
lew Well	Change in Transporter of:				and return temporarily abandoned well to producing status						
Recompletion \square	Oil Casinghead Ga	Oil Dry Gas Casinghead Gas Condensate				TT OO T	or ounce	.11E 9 68	i vuð		
Change in Operator			OHOCH SE	<u> </u>					- 		
ad address of previous operator											
I. DESCRIPTION OF WELL	AND LEASE	<u> </u>							1		
Lease Name Elliott "B"		ell No. P	ool Nai Feni	ne, Includir Ose -	g Formation - Skell	y Grayt		of Lease Federal of Ko	_	32573]	
Location G	1980	т.	last Ess	No.	orth Lin	e and	30 Fe	et From The	East	Line	
Unit Letter	_ :										
Section 7 Township	22 Sou	th R	lange	37 E	East N	MPM,		Lea		County	
II. DESIGNATION OF TRAN	SPORTER (of oil	ANI	NATUI	RAL GAS						
Name of Authorized Transporter of Oil	IX A) OL	Condensa			Address (Gir	e address to wh	ich approved	copy of this f	orm is to be so	ini) 38210	
Navajo Refining C		X -1 -	- P 1	lee [rawer]					
Name of Authorized Transporter of Casinghead Gas XX or Dry Gas Texaco Producing Inc.					Address (Give address to which approved copy of this form is to be sent) F.O. Box 1137, Eunice, NM 88231						
If well produces oil or liquids,					is gas actually connected? When ?						
ive location of tanks.	I			37 E	_	es	<u> </u>	4/6/89	9		
this production is commingled with that	from any other le	ease or po	ol, give	commingli	ing order num	ber:					
V. COMPLETION DATA		Dil Well	G	as Well	New Well	•	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion		X Ready to P	- hord		Total Depth	<u> </u>	ļ	P.B.T.D.	I X		
Date Spudded 12/18/44	1	Date Compl. Ready to Prod. 1/17/45				3724'			3724		
Elevations (DF, RKB, RT, GR, etc.) 3410 DF	Name of Producing Formation Grayburg				Top Oil/Gas Pay 3629 '			Tubing Depth 3703			
Perforations					L			Depth Casin	ng Shoe		
Open hole 3629	- 3724							36	29'		
	TUBING, CASING AND						SACKS CEMENT				
HOLE SIZE	CASIN	IG & TUE	NG S	IZE		DEPTH SET		-	SACKS CEN	IENI	
Same as Ori	iginally	11	rea	•							
								 			
	 										
V. TEST DATA AND REQUES	ST FOR ALI	LOWA	BLE							,	
OIL WELL (Test must be after r	recovery of total	volume of	f load o	il and must	be equal to o	r exceed top allo	owable for thi	s depth or be	for full 24 ho	urs.)	
Date First New Oil Run To Tank	Date of Test 9/11/89				1 -	lethod (Flow, pi	emp, gas ιητ, ο	ESC.j			
	<u> </u>			Casing Pressure			Choke Size	Choke Size			
Length of Test 24 hrs	Tubing Pressure			15#				-			
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.			Gas- MCF				
9 bbls	5			4			17				
GAS WELL											
Actual Prod. Test - MCF/D	Length of Test			Bbis. Condensate/MMCF			Gravity of Condensate				
	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
Testing Method (pitot, back pr.)	Tubing Pressu	ire (Snut-i	/								
				ICE					D. (10)		
VI. OPERATOR CERTIFIC	CATE OF C	COMPI	LIAN	ICE		OIL CON	NSERV	ATION	DIVISIO	NC	
VI. OPERATOR CERTIFIC I hereby certify that the rules and regular Division have been complied with and	CATE OF C	COMPI	LIAN					2			
VI. OPERATOR CERTIFIC	CATE OF C	COMPI	LIAN			OIL CON		2	DIVISION TO THE PINCE PI		
Division have been complied with and	CATE OF C	COMPI	LIAN		Dat	e Approve	ed	S		1989	
VI. OPERATOR CERTIFIC I hereby certify that the rules and regular Division have been complied with and is true and complete to the best of my	CATE OF C	COMPI Il Conserva ation given belief.	LIAN ration n above			e Approve	ed	S	EP 14	1989	
VI. OPERATOR CERTIFIC I hereby certify that the rules and regularization have been complied with and is true and complete to the best of my Signature M. F. Nelson	CATE OF Culations of the Oil that the information knowledge and the oil that the information of the oil that the information of the oil that the information of the oil that t	COMPI I Conservation gives belief.	LIAN ration n above	er_	Dat By_	e Approve	ed NAL SIGNE DISTRICT	S ID BY JERI I SUPERVI	EP 14 RY SEXTOR	1989	
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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.