Submit 5 Conies
Appropriate District Office
DISTRICT |
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

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088 DISTRICT III

1000 Rio Brazos Rd., Azzec, NM 87410 I.	REC					D AUTHOI		1				
Conoce che	Conoco che.					Well API No. 30025/0284						
Address P.O. Box 19: Reason(s) for Filing (Check proper box)	59	77	ud	land	,2x	79705 Other (Piease ex						
New Well Recompletion Change in Operator	Oil Casinghe	Change i	Dry C	, 12	_ '	Jiner (Please es	фіан,					
f change of operator give name nd address of previous operator							···					
I. DESCRIPTION OF WELI	AND LE	ASE				_						
Lease Name Elliott A-1	5 Alc-	Well No.	Pool I	Slinel	ing Formation	1 + bas		d of Lease e, Federal or F		an No. 32573A		
Unit Letter	_:_ <i>E</i>	60	_ Feet F	rom The _	5_1	ine and	660	Feet From The	E	Line		
Section 15 Towns	nip <i>A</i>	<u>25 </u>	Range	: 37	E,	NMPM,	Lea)			County		
II. DESIGNATION OF TRAI	NSPORTE			D NATI								
Name of Authorized Transporter of Oil		or Conde	nsate	Ņ.	Address (C	ive address to	which approve	a copy of this	form is to be s	eri)		
Name of Authorized Transporter of Cam			or Dry	Gas X	Address (G	ive address to t	which approve	d copy of this	form is to be a	ent)		
Phillips 66 natur		comp	7		14001	Pentirol	4		1,2X			
f well produces oil or liquids, ive location of tanks.	Unait	Sec.	Twp∕	Rge	,	Niy connected?	Whe	n?	-11-9	D		
this production is commingled with that	from any ou	ner lease or	pool, gr	ve comming				70				
V. COMPLETION DATA												
Designate Type of Completion	- (X)	Oil Well	i j	Gas Well	New Wel	Workover	Deepen	Plug Back	Same Res'v	Diff Resv		
Pate Spudded	Date Com	pl. Ready to	Prod.		Total Depti	3		P.B.T.D.				
Elevations (DF, RKB, RT, CR, etc.) Name of Producing Formation erforations				í	Top Oil/Ga	s Pay	,	Tubing Depth				
								Depth Casing Shoe				
					CEMENT	ING RECO						
HOLE SIZE	CA:	SING & TL	JBING S	SIZE	· · · · · · · · · · · · · · · · · · ·	DEPTH SET	<u> </u>		SACKS CEMI	ENT		
								•				
TECT DATA AND DECUM												
. TEST DATA AND REQUES IL WELL (Test must be after t				oil and must	he equal to a	erceed top all	lowable for thi	is depth or be t	for full 24 hour	re)		
					Producing Method (Flow, pump, gas lift, etc.)							
ength of Test	Tubing Pres	Tubing Pressure			Casing Press	Rure		Choke Size				
ctual Prod. During Test	Oil - Bhis.				Water - Bbis.			Gas- MCF				
GAS WELL					<u>-</u>	-						
ctual Prod. Test - MCF/D	Length of	Length of Test				asste/MMCF		Gravity of C	Gravity of Condensate			
sting Method (puot, back pr.)	Tubing Pres	Tubing Pressure (Stut-in)				Casing Pressure (Shut-in)			Choke Size			
I. OPERATOR CERTIFIC	ATE OF	COMP	LIAN	CE.						_		
I hereby certify that the rules and regular Division have been complied with and	ntions of the (Oil Conserv mation give	ation			OIL CON	NSERVA	ATION [DIVISIO	N		
is true and complete to the best of my i	cnowledge an	d belief.			Date	Approve	d		···			
Lead Garbord					By_	· ·		<u> </u>	y www.senton			
Ceal O. yarbro	ugh			alust				2	1. 14			
Printed Name	(915)60	Title 86 - 4		Title							

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.