NO OF COPIES RECEIVED			
€ DISTRIBUTION	PEOUEST FOR ALLOWARIE		Form C-104
SANTA FE			Supersedes Old C-104 and C-110
F.LE			Effective 1-1-65
U.S.G.S.	AUTHORIZATION TO TRAN	ISPORT OIL AND NATURAL G	AS
LAND OFFICE	AUTHORIZATION TO THOSE	10. OK. 012 / 11. 0 / 11. 11. 11. 11.	
TRANSPORTER OIL			
GAS			
OPERATOR			
1. PRORATION OFFICE Operator			
Continental Address Box 460	I vil Compo	ny	
Reason(s) for filing (Check proper box. Mew Well Recompletion Change in Ownership If change of ownership give name and address of previous owner. II. DESCRIPTION OF WELL AND	Change in Transporter of: Oil Dry Gas Casinghead Gas Condens	sate	Kind of Lease
Leunghame R 30	Lease No. Well No. Pool Nam	e, Including Formation	State, Federal or Fee
Elliott D-20	3 dange	Lie Mattig - Rivers June	State, 1 ederate. 1 ed
Location F 19	80 Feet From The North Line	and 2246 Feet From	The West
· ·		27 U	LA County
Line of Section 20 To	wnship 225 Range	J/E , NMPM, ~	County
Name of Authorized Transporter of GI Permian Confidence of Authorized Transporter of Sa Rolly	singhead Gas or Dry Gas	RO, BOX 1/83 Address (Give address to which appro BOX 1/35 Example actually connected? Wh	ved copy of this form if to be kent) wee, New Maxico
If well produces of or liquids, give location of tunks.	Unit Sec. Twp. Rge. 20 22 37	yes	NIA
If this production is commingled w	ith that from any other lease or pool,	give commin ling order number:	NA
IV. COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.
Designate Type of Completi	on – (X)	X	
2-14-72	Date Compl. Ready to Prod.	Total Depth 3800	3766
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
3393 66	the matter from the form	7797	Depth Casing Shoe
Perforations 3552, 160, 8	80,86,3594, 93604, 8',54',58' and 36644'	3623;3698°;3706;	3800'
10,10,,01,00,1	TUBING, CASING, AND	CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-41	8 28"	4400'	225 5KS
72-011	5-2"	3799	3005F5
8	2.2011 269	3766	
		<u> </u>	
V. TEST DATA AND REQUEST I	FOR ALLOWABLE (Test must be a able for this de	pth or be for full 24 hours)	l and must be equal to or exceed top allou
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas I	lift, etc.)
7-31-72	8-14-12	fump	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbis.	Water-Bbls.	Gas-MCF
Actual Fied, During 1881	120	60	Jes U
GAS WELL			Gravity of Condensate

Choke Size Tubing Pressure Casing Pressure Testing Method (pitot, back pr.)

BY

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

OIL CONSERVATION COMMISSION

AUG 21 1972 APPROVED

SUPERVISON DISTRICT I

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.

MECENTED

AUS 2 1 1972 OIL CONSERVATION COMM. HOEBS, N. M.