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

State of New Mexico
E. Ligy, 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, Artesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION

1.		IO IRAN	ISPURT OIL	- AND NA	I UHAL G					
Operator Elk Energy Cor			Well .	30-025-12004						
Address 1625 Larimer S	treet, Su	uite 240	03. Denver	CO 802	202					
Reason(s) for Filing (Check proper box,					ner (Please expl	ain)	· · · · · · · · · · · · · · · · · · ·			
New Well		Change in Ti	ransporter of:		ici (ricast expi	<i></i>				
Recompletion	Oil	_	Try Gas							
Change in Operator		Gas [C								
			Hobbs N	ON MON	iao					
and address of previous operator		1110.,	N addon	ew Mex.			<u>-</u>			
II. DESCRIPTION OF WELL	L AND LEA									
Lease Name		Well No. P	ool Name, Includi	ng Formation		Kind	of Lease	L	ease No.	
Eaves_A		7 <u>5</u> .	carborou	gh, Yai	tes- 7	Rivers	(Federal xxx)	* LC-03	0168-A	
Location										
Unit LetterJ	:_1980	0 F	eet From The S	outh Lin	e and _231	0 Fe	et From The	East	Line	
Section 19 Towns	hip 26 Sc	outh R	ange 37 Ea	st ,N	мрм,		Le	ea	County	
III DECICNATION OF TRA	NCDARTE	OF OH	A B III B I A PETE II	D.I. G.G		in A	. :			
III. DESIGNATION OF TRA Name of Authorized Transporter of Oil		or Condensal			ve address to w	blet approve	convolities	form is to be te		
·	^	or contactisat	" 🗀	P.O. Bo		v		_	nu)	
	Shell Pipeline Corp.					Midland		9702		
Name of Authorized Transporter of Casinghead Gas X or Dry Gas El Paso Natural Gas							copy of this form is to be sent)			
				T	x 1492,	El Pasc				
If well produces oil or liquids, give location of tanks.	Unit		wp. Rge.	1 -	y connected?	When				
			26S 37E	Yes		17.100	N/A			
If this production is commingled with the IV. COMPLETION DATA	at from any othe	r lease or po	oi, give commingi	ing order num	ber: <u>C1</u>	B199				
Designate Type of Completio	n - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready to Prod.			Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth			
Perforations								Depth Casing Shoe		
L—————————————————————————————————————										
	TUBING, CASING AND				CEMENTING RECORD					
HOLE SIZE	CAS	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT		
· · · · · · · · · · · · · · · · · · ·										
V. TEST DATA AND REQUI	EST FOR A	LLOWAR	BLE	<u> </u>						
OIL WELL (Test must be after				be equal to or	exceed top all	owable for thi	s depth or be	for full 24 hou	rs.)	
Date First New Oil Run To Tank	Producing Method (Flow, pump, gas lift, etc.)									
Length of Test	Tubing Pres	C179		Casing Press	DITE.		Choke Size	Choke Size		
	Tubing Tres	Tubing Tressure								
Actual Prod. During Test	Oil - Bbls.			Water - Bbis.			Gas- MCF			
GAS WELL			· · · · · · · · · · · · · · · · · · ·	1			- 1		,	
Actual Prod. Test - MCF/D	al Prod. Test - MCF/D Length of Test				Bbis. Condensate/MMCF			Gravity of Condensate		
Testing Method (pitot; back pr.)	Tubing Pres	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size		
VI. OPERATOR CERTIFIC	CATE OF	COMPL	IANCE		OIL CON	ICEDV	ATION.	חואופוכ	NI	
I hereby certify that the rules and reg				11 '		NOET V	AHON	אופואות	JI N	
Division have been complied with an			above				0.0	T 1 1	1000	
is true and complete to the best of m	y athornically and	o beneī.		Date	Approve	d	<u> </u>	CT 11	וטטט	
16 mm	7 Han	m/ 1			• •		Orig. Sign	ne.; by		
[[M]]//	(VVV)	M		By_			1Doul K	MU UM		
Signature Craig M. Can	1077i - Ď	/// residen	1+	-			Geolo	gist		
Printed Name		Т	itie	Title						
9/26/89	(303) 89	12-8934	''''e						
Date		T-1	Nt-							

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.