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., Aziec, NM 87410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

	T(	OTRANS	SPORT OIL	AND NAT	FURAL GA					
Operator ELK ENERGY CORPORATION	N					Well A	-025-12008			
Address 1625 LARIMER STREET,	SUITE 2	2403, DE	NVER, CO	LORADO 8	0202					
Reason(s) for Filing (Check proper box)  New Well  Recompletion  Change in Operator	Oil Casinghead	hange in Trai		Othe	er (Please expla	in)		÷		
change of operator give name		<del> </del>		<del></del>						
I. DESCRIPTION OF WELL A	AND LEAS	SE	·							
Lease Name EAVES A	V	Well No. Pool 2	ol Name, Includ Scarborou	ing Formation gh, Yates	-7 River		f Lease Federal 文义()	x LC-030	ase No. 168-A	
Location M Unit Letter	: South 660 Feet From The South Line and 660 Feet From The							West	Line	
Section 19 Township	26 South Range 37 East NMPM,					LEA				
III. DESIGNATION OF TRANS	SPORTER	OF OIL	AND NATU	RAL GAS						
Name of Authorized Transporter of Oil		or Condensate	· 🗀	Address (Giv	e address to wh	iich approved	copy of this f	orm is to be se	ਾਪ)	
Enron Oil Trading & Name of Authorized Transporter of Casing	Transpor head Gas		Dry Gas	P.O. BOX Address (Giv	1188 , Ati ne address to wh	tn:EB151 hich approved	O , Houst copy of this f	orm is to be se	7 <u>251-118</u> 8 w)	
Sid Richardson Carbon If well produces oil or liquids, pose location of tanks.							h. TX 76102 A			
f this production is commingled with that f	ļ	<del> </del>		<u></u>	ber: CT	B199	1			
Designate Type of Completion	· (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	<u> </u>	1	P.B.T.D.	<u> </u>	<u> </u>	
levations (DF, RKB, RT, GR, etc.)  Name of Producing Formation			Top Oil/Gas	Top Oil/Gas Pay			Tubing Depth			
Perforations				1	,		Depth Casing Shoe			
	ידי	IRING C	A SINIC A NIT	CEMENT	NG PECOD	· D				
HOLE SIZE CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
V. TEST DATA AND REQUES	T FOD A	LLOWAR	T ID							
OIL WELL (Test must be after re								for full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Test	,		Producing M	lethod (Flow, pi	ump, gas lift, e	tc.)			
Length of Test	Tubing Pressure			Casing Press	Casing Pressure			Choke Size		
Actual Prod. During Test	Oil - Bbls.			Water - Bbls	Water - Bbis.			Gas- MCF		
GAS WELL Actual Prod. Test - MCF/D										
	Length of Test			Bbls. Conder	Bbls. Condensate/MMCF			Gravity of Condensate		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFIC  I hereby certify that the rules and regul.  Division have been complied with and	ations of the (	Dil Conservati nation given a	ion		OIL CON	NSERV.				
is true and complete to the best of my knowledge and belief.				Date	Date Approved SEP 0 1 '92 Orig. Signed by					
Significant Nanette E. Gray, Executive Assistant				By_	Par	il Kautz			<del>-</del>	
Nanette E. Gra		Ti	tle	Title						
<u> 08-27-92</u> Date	(303)	892-893 Telepho								

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.