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

State of New Mexico E_{loc} _by, 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

DISTRICT II	•	OIL C	UNS		TION D	1 V 1 S 1 O I	IN .				
P.O. Drawer DD, Anesia, NM 88210		Sar	nta Fe	P.O. Bo New Ma	ox 2088 exico 8750	4-2088					
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	REQL		•			4-2000 AUTHORIZ	ZATION			•	
I.	AND NATURAL GAS										
Operator Elk Energy Corpo	Elk Energy Corporation							Well API No. 30-025-12009			
Address 1625 Larimer Str	reet S	uite 24	103	Denver	CO 802	02					
Reason(s) for Filing (Check proper box)				DCHVCI		or (Please expla	in)			· · · · · · · · · · · · · · · · · · ·	
New Well		Change in	Transpo	rter of:							
Recompletion	Oil		Dry Ga								
If change of operator give name	-		Conden								
and address of previous operator	noco,	Inc.		Hobbs	, New M	lexico					
II. DESCRIPTION OF WELL	AND LE		T :				1 *** *	-		ease No.	
Cease Name — Eaves A		Well No.	Pool N	ame, Includi Chorou	ng Formation	es, 7-		of Lease÷ Federalxox⊼ej	_	80168-A	
Location			DCG.	DOLOG	gii, iuc	.00, 7	KINCID		<u> </u>	0100 A	
Unit LetterL	231	L O	Feet Fr	om The SO	uth Line	and 330	Fe	et From The	West	Line	
Section 19 Townshi	. 26 5	South		37 E		лРМ,		Lea	Э	County	
Section - Townsin	<u> </u>		Kange		,1400	11111,					
III. DESIGNATION OF TRAN	SPORTE			D NATU			isk same mod	conv of this f	orm is to be se		
ame of Authorized Transporter of Oil X or Condensate Shell Pipeline Corp.					Address (Give address to which approved copy of this form is to be sent) P.O. Box 1910. Midland TX 79702						
lame of Authorized Transporter of Casinghead Gas X or Dry Gas					Address (Give	e address so wh	copy of this f	ppy of this form is to be sent)			
El Paso Natural Gas					P.O. Box 1492, El Pas						
If well produces oil or liquids, give location of tanks.	Unit L	, , , , , , , , , , , , , , , , , , , ,			When						
If this production is commingled with that		37E				N/A 99					
IV. COMPLETION DATA			, , &								
Designate Type of Completion	(Y)	Oil Well	1	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded		pl. Ready to	Prod		Total Depth	<u> </u>	<u></u>	P.B.T.D.	l		
		pi. 11-25									
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
Perforations								Depth Casing Shoe			
				· · · · · · · · · · · · · · · · · · ·				<u> </u>			
					CEMENTING RECORD			SACKS CEMENT			
HOLE SIZE	CA	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
	-										
V. TEST DATA AND REQUES	ST FOR	ALLOW	ARIF		<u> </u>			<u> </u>			
OIL WELL (Test must be after t					be equal to or	exceed top allo	owable for the	s depth or be	for full 24 hor	ors.)	
Pale First New Oil Run To Tank Date of Test					Producing Method (Flow, pump, gas lift, etc.)						
Lead of Ted	7.1: 8				Casing Press	179		Choke Size			
Length of Test	Tubing Pressure				Casing Pressure						
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF			
÷	1										
GAS WELL	1,				160 0			1Comment	Condensis		
Actual Prod. Test - MCF/D	Length of Test				Bbis. Condensate/MMCF			Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Cholg Size			
VI ODED ATOD CEDTURE	ATTE O	- COV 6	OT T 4 3	VE	1						
VI. OPERATOR CERTIFIC I hereby certify that the rules and regul				NCE		DIL CON	ISERV				
Division have been complied with and that the information given above					OCT 1 1 1989						
is true and complete to the best of my	mowledge a	ing belief.			Date	Approve	d				
Mark Williams					Orig. Signed by						
Signature					By Paul Kautz						
Crasg M. Cam	ozzi -	Presid	ent		11 .			<u>(</u>	cologist		

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Printed Name

Date

9/26/89

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

Title

2) All sections of this form must be filled out for allowable on new and recompleted wells.

(303) 892-8934

Telephone No.

- 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.