

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	<input type="checkbox"/> OIL <input type="checkbox"/> GAS
OPERATOR	
PRODUCTION OFFICE	

El Paso Exploration Co.

Address
1800 Wilco Bldg, Midland, Tx 79701

Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>	Change in Transporter of:	
Recompletion	<input checked="" type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input checked="" type="checkbox"/>

Other (Please explain)

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Elliott Federal	Well No. 2	Pool Name, including Formation Rhodes Yates-Seven Rivers	Kind of Lease Federal State, Federal or Fee	Lease No. LC063916
Location Unit Letter <u>D</u> : <u>660</u> Feet From The <u>N</u> Line and <u>660</u> Feet From The <u>W</u> Line of Section <u>21</u> Township <u>26S</u> Range <u>37E</u> , NMPM, Lea County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Refining Company	Address (Give address to which approved copy of this form is to be sent) P.O. Drawer 159, Artesia, New Mexico 88210
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1492, El Paso, Tx 79978
If well produces oil or liquids, give location of tanks.	Unit <u>C</u> Sec. <u>21</u> Twp. <u>26S</u> Rge. <u>37E</u> Is gas actually connected? <u>yes</u> When <u>same lease</u>

If this production is commingled with that from any other lease or pool, give commingling order number: Elliott Fed. #5 LC 063916

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 1-17-54	Date Compl. Ready to Prod. 11-21-84	Total Depth 3284'	P.B.T.D. 3283'					
Elevations (DF, RAB, RT, GR, etc.) 2973 GL	Name of Producing Formation Yates - Seven Rivers	Top Oil/Gas Pay 3172'	Tubing Depth 3252'					
Perforations	Depth Casing Shoe 3284'							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
11 3/4"	8 5/8"	503'	Circulated
7 3/4"	5 1/2"	3236'	T.C. 2240' 200 Sx.
4 3/4"	4"	3225'-3284'	None-slotted
	2 3/8" tbg.	3252'	

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

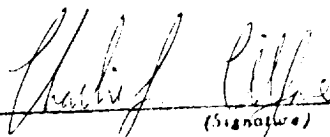
Date First New Oil Run To Tanks 11-21-84	Date of Test 12-29-84	Producing Method (Flow, pump, gas lift, etc.) Pump	Choke Size
Length of Test 24 hours	Tubing Pressure pump	Casing Pressure 15 psi	none
Actual Prod. During Test 18.0 bbls.	Oil-Bbls. 15.0 bbls.	Water-Bbls. 3.0 bbls.	Gas-MCF 29 MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

CERTIFICATE OF COMPLIANCE

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

Production Engineer
(Title)January 8, 1985
(Date)

OIL CONSERVATION DIVISION

FEB - 1 1985

APPROVED _____, 19____

BY **Eddie W. Seay**
Oil & Gas Inspector

TITLE _____

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 deviate tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all wells 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 conditions.

Separate Form C-104 must be filed for each pool in multi-completed wells.

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JAN 14 1985
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