

OIL CONSERVATION DIVISION

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

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator ELK ENERGY CORPORATION		Well API No. 30-025-12078
Address 1625 LARIMER STREET, SUITE 2403, DENVER, COLORADO 80202		
Reason(s) for Filing (Check proper box) ☐ Other (Please explain)		
New Well ☐	Change in Transporter of:	
Recompletion ☐	Oil ☐	Dry Gas ☒
Change in Operator ☐	Casinghead Gas ☐	Condensate ☐
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name EAVES A	Well No. 11	Pool Name, Including Formation Scarborough, Yates-7 Rivers	Kind of Lease State Federal XX XXX	Lease No. LC-030168-A
Location				
Unit Letter A	660	Feet From The North	660	Feet From The East
Section 30	Township 26 South	Range 37 East	NMPM, LEA County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Enron Oil Trading & Transportation	Address (Give address to which approved copy of this form is to be sent) P.O.Box 1188, Attn: EB1510, Houston, TX 77251-1188	
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ Sid Richardson Carbon & Gasoline Co.	Address (Give address to which approved copy of this form is to be sent) 201 Main St., Ft. Worth, TX 76102	
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 30
	Twp. 26S	Rge. 37E
	Is gas actually connected? Yes	When? NA
If this production is commingled with that from any other lease or pool, give commingling order number: CTB199		

IV. COMPLETION DATA

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			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

V. 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.)

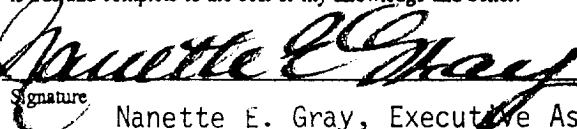
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF

GAS WELL

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

VI. OPERATOR 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.


Signature
Printed Name Nanette E. Gray, Executive Assistant
Title
Date 08-27-92 Telephone No. (303) 892-8934

OIL CONSERVATION DIVISION

SEP 01 '92

Date Approved _____
By _____ Orig. Signed by _____
Title _____

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

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- Separate Form C-104 must be filed for each pool in multiply completed wells.

RECEIVED

AUG 31 1992

OCD HOBBBS OFFICE