Submit 5 Copies
Appropriate District Office
DISTRICT 1 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

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

OIL CONSERVATION DIVISION

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

Elk Energy Corporation							.36)	30-025-12087		
Address 1625 Larimer St			403 -	Denver	CO 80202			<u> </u>	0001	
eason(s) for Filing (Check proper box) ew Well		Change in	Transp	porter of:	Other (Please ex	plain)			<u> </u>	
exompletion	Oil Casinghea	ad Gas 🔀	Dry C							
change of operator give name d address of previous operator CO.	ñoco,	Inc.,	Но	bbs, N	ew Mexico		_			
DESCRIPTION OF WELL	AND LE	ASE								
ease Name Eaves B-1		Well No.	Pool I	carborough, Yate		Kind of Le			.e250 No. 30168–E	
Ocation H Unit Letter H	231	1			orth Line and 990		Feet From The		Line	
Section 30 Townshi	,26 So	outh	Range	.37 Ea	st , NMPM,		Lea		County	
I. DESIGNATION OF TRAN				ND NATU		which gappe	and come of this	form is to be s	ent)	
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					
ame of Authorized Transporter of Casinghead Gas X or Dry Gas El Paso Natural Gas					Address (Give address to which approved copy of this form is to be sent)					
well produces oil or liquids,	ces oil or liquids, Unit		Sec. Twp. Rge.							
e location of tanks.	H.	30	<u> 265</u>		Yes	TD 100	N/A			
his production is commingled with that COMPLETION DATA	from any oth	ner lease or	pool, g	ive comming	ling order number: C.	rB199				
Designate Type of Completion		Oil Well	i_	Gas Well	New Well Workover	Deeper	n Plug Back	Same Res'v	Diff Res'v	
ue Spudded	Date Com	pl. Ready to	o Prod.		Total Depth		P.B.T.D.			
evations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay	Tubing Dep	Tubing Depth			
erforations						Depth Casi	Depth Casing Shoe			
	7				CEMENTING RECO					
HOLE SIZE	CASING & TUBING SIZE				DEPTH SE		SACKS CEMENT			
				_						
	 -									
TEST DATA AND REQUES										
IL WELL (Test must be after the First New Oil Run To Tank	Date of Te		of load	oil and must	be equal to or exceed top a Producing Method (Flow,			jor full 24 ho	ws.)	
ngth of Test	Tubing Pre	Tubing Pressure			Casing Pressure	Choke Size	Choke Size			
ctual Prod. During Test	Oil - Bbls.				Water - Bbls.	Gas- MCF	Gas- MCF			
AS WELL										
iual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF	Gravity of	Gravity of Condensate			
sting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)	Choke-Size	Choke Size			
I. OPERATOR CERTIFIC I hereby certify that the rules and regul Division have been complied with and is true and complete to the feet of my	ations of the	Oil Conser	vation		OIL CO		VATICA	DIVISION 1 198	0N 19	
Simon Company					By GRIGINAL SIGNED BY JERRY SEYTON					
Craig M. Camo	ozzi -	Presid (303)	Title	8034	Title	DISTRIC	T i supervi	OR		
9/20/69 Date		·	obone			-				

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.