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

DISTRICT II P.O. Drawer DD, Artesia, 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 Well API No. Operator Elk Energy Corporation Address 1625 Larimer St., Suite 2403; Denver, CO 80202 Other (Please explain) Reason(s) for Filing (Check proper box) New Well Change in Transporter of: Dry Gas Recompletion $\overline{\Sigma}$ Change in Operator Casinghead Gas Condensate If change of operator give name and address of previous operator Earl R. Bruno, Box 10317; Midland, Texas 79702 II. DESCRIPTION OF WELL AND LEASE Kind of Lease Lease No. Well No. Pool Name, Including Formation Lease Name McCallister A Sexex Federal ox Reg Scarborough, Yates, 7 Rivers LCO-30167A Location Feet From The North Line and 660 330 Feet From The 660 Unit Letter _ 25 **26S** Range 365 **ммрм**, Lea Section Township County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil ess (Give address to which approved copy of this form is to be sent) Permian GorporatiosCURLOCK PERMIAN CORP EFF 9-1-91 P.O. Box 1183, Houston, TX 77251-1183 Name of Pathorized Transporter of Casinghead Gas
Sid Richandson Carbon & Coo KX or Dry Gas Address (Give address to which approved copy of this form is to be sent) 201 Main St., First City Bank Tower, Ft. Worth. & Casoline Corp If well produces oil or liquids, Unit Rge. Is gas actually connected? When? 76102 Sec. Twp. Texas give location of tanks. <u>Yes</u> Р 24 26 N/A If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well Gas Well Deepen | Plug Back | Same Res'v New Well | Workover Diff Res'v Designate Type of Completion - (X) Total Depth Date Spudded Date Compl. Ready to Prod. P.B.T.D Top Oil/Gas Pay Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Tubing Depth Perforations Depth Casing Shoe TUBING, CASING AND CEMENTING RECORD HOLE SIZE SACKS CEMENT CASING & TUBING SIZE 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 Producing Method (Flow, pump, gas lift, etc.) Choke Size Length of Test Tubing Pressure Casing Pressure Gas- MCF Actual Prod. During Test Water - Bbls. Oil - Bbls. **GAS WELL** Actual Prod. Test - MCF/D Bbls. Condensate/MMCF Length of Test Gravity of Condensate Testing Method (pilot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size VI. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION 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. Date Approved Signature President Craig M. Camozzi Printed Name Title Title 303-892-8934 August 1990

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

Date

- 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.

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.