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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

•	TO	OTRA	<u>NSPO</u>	RT OIL	AND NAT	URAL GAS	S Well A	DI No.			
Operator ELK ENERGY CORPORATION							:		25-23417		
Address 1625 LARIMER STREET,	SUITE 2	2403,	DENVE	R, COL	.ORADO 8	0202					
Reason(s) for Filing (Check proper box)						t (Please explain	1)	·			
New Well	C	hange in	-								
Recompletion	Oil		Dry Gas								
Change in Operator	Casinghead	Gas 🔝	Condens	ate							
f change of operator give name and address of previous operator											
II. DESCRIPTION OF WELL	AND LEAS	SE									
Lease Name EAVES B-1	Well No. P				ng Formation jh,Yates	-7 Rivers	1	(Lease Federal on Fo	3	Lease No. -030168-B	
Location			·								
Unit LetterE	_ :660)	. Feet Fro	m West	Lin	e and198	80 Fe	et From The	North	Line	
Section 30 Townsh	_{ip} 26 Sou	th	Range	37 [East , N	мрм,	LEA			County	
III. DESIGNATION OF TRAN	NSPORTER	OF O	IL ANI	NATUI	RAL GAS						
Name of Authorized Transporter of Oil		or Conder			Address (Giv	e address to whi					
Enron Oil Trading &	Transpor	rtatio	on ˈ			1188,Att					
Name of Authorized Transporter of Casir	ighead Ga F O	TTXE no	ergy	erp.	Address (Giv	e address to whi	ich approved	copy of this j	form is to be se		
Sid Richardson Carbo	on & Gas	tectiv	C9.1	93		<u>n St., F</u> 1			5102		
If well produces oil or liquids, give location of tanks.	Unit 👇	30	726s	37E	Is gas actual! Ve S	y connected?	When	ď			
If this production is commingled with that	from any othe		pool, give	. Д	<u> </u>	ber:CTI					
IV. COMPLETION DATA			Poort Br.	• •••••	ing order name	-1.11	1199				
		Oil Well	0	Sas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion		<u> </u>	L_					<u></u>	1		
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			
<u></u>	ייר	IRING	CASIR	JG AND	CEMENT	NG PECOP	<u> </u>				
HOLE SIZE		TUBING, CASING AND CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
											
	1000 1000 4		4 BY B		<u> </u>						
V. TEST DATA AND REQUE OIL WELL (Test must be after				-!!!	the sound to on	n avered ton all	abla for th	n dansk og be	for full 24 hou	···· \	
Date First New Oil Run To Tank	Date of Tes		0) 1000	ou and musi		lethod (Flow, pu			jor jun 24 noi	<i>us.</i>)	
	Date 0. 100	•		4.			170 31	,			
Length of Test	Tubing Pres	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 T	[est			Bbls. Conde	nsate/MMCF		Gravity of	Condensate		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFIC	CATE OF	COM	PLIAN	ICE			ICEDV	4 TION	DIVICIO	7 NI	
I hereby certify that the rules and reg				_		OIL CON	19EH A			אוכ	
Division have been complied with an is true and complete to the best of m	o inai ine infor v knowledge ar	mation gr id belief.	ven above	5	1	_		ŞEP	0 1 '92		
(h 11	1				Dat	e Approve	g				
HULLET	Na	S					signed by	i			
Signature	/	7			∥ By_						
Nanette E. Gr	ay, Exec	utive		stant			log				
Printed Name			Title		Title)					
08-27-92	(303)	892- Te	8934 lephone N	¥o.							

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.

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GOD HOSES CALL