

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
 AND
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	
OIL	
NATURAL GAS	
OPERATOR	
PRODUCTION OFFICE	

Operator El Paso Exploration Company

Address 1800 Wilco Building Midland, Texas 79701

Reason(s) for filing (Check proper box)

New Well ☒ Change in Transporter of: Oil ☐ Dry Gas ☐
 Recompletion ☐ Casinghead Gas ☐ Condensate ☐
 Change in Ownership ☐

Other (Please explain)
 Approval to flare casinghead gas from this well must be obtained from the Minerals Management Service.

If change of ownership give name and address of previous owner _____

1. DESCRIPTION OF WELL AND LEASE

Lease Name Elliott Federal Well No. 5 Pool Name, including Formation R7SSV Rhodes Yates-Seven Rivers Kind of Lease Fed. Lease No. _____

Location C ; 1980 Feet From The West Line and 660' Feet From The North

Unit Letter C ; 1980 Feet From The West Line and 660' Feet From The North

Line of Section 21 Township 26-S Range 37-E NMPM, Lea County

2. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐
Navajo Refining Company Address (Give address to which approved copy of this form is to be sent) P.O. Drawer 159, Artesia, N.M. 88210

Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐
El Paso Natural Gas Co. Address (Give address to which approved copy of this form is to be sent) P.O. Box 1492 El Paso, Texas 79978

If well produces oil or liquids, give location of tanks. Unit C Sec. 21 Twp. 26-S Rge. 37-E Is gas actually connected? No When _____

If this production is commingled with that from any other lease or pool, give commingling order number: _____

3. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
<u>X</u>	<u>X</u>		<u>X</u>					
Date Spudded <u>11-30-83</u>	Date Compl. Ready to Prod. <u>12-21-83</u>	Total Depth <u>3350'</u>		P.B.T.D. <u>3305'</u>				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation <u>Seven Rivers</u>	Top Oil/Gas Pay <u>3150'</u>		Tubing Depth <u>3263'</u>				
Perforations <u>3150-60, 3174-79, 3186-93, 3230-46, 3253-58, 3266-72, 3280-88</u>		Depth Casing Shoe <u>3345'</u>						

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>12 1/4</u>	<u>8 5/8" 20#</u>	<u>1064</u>	<u>627 sks</u>
<u>7 7/8</u>	<u>4 1/2" 9.5#</u>	<u>3345</u>	<u>300 sks</u>

4. 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 <u>12-17-83</u>	Date of Test <u>1-13-84</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pump</u>	
Length of Test <u>24 hrs.</u>	Tubing Pressure <u>Pump</u>	Casing Pressure <u>20 psig</u>	Choke Size _____
Actual Prod. During Test <u>20 bopd, 97 mcfpd</u>	Oil-Bbls. <u>20</u>	Water-Bbls. <u>1</u>	Gas-MCF <u>97</u>

GAS WELL

Actual Prod. Test-MCF/D _____	Length of Test _____	Bbls. Condensate/MMCF _____	Gravity of Condensate _____
Testing Method (prior, 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.

Sr. Production Engineer
 (Signature)
1-23-84
 (Date)

OIL CONSERVATION DIVISION

FEB 24 1984

APPROVED _____, 19 _____

BY ORIGINAL SIGNED BY JERRY SEXTON
 DISTRICT I SUPERVISOR

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

All sections of this form must be filled out completely for allowable 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 condition.

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

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