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|------------------|-----|--|--|
| DISTRIBUTION | | | |
| SANTA FE | | | |
| FILE | | | |
| U.S.G.S. | | | |
| LAND OFFICE | | | |
| TRANSPORTER | OIL | | |
| | GAS | | |
| OPERATOR | | | |
| PRORATION OFFICE | | | |

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

I. Operator
ELK OIL COMPANY
Address
Post Office Box 310, Roswell, New Mexico 88201
Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)

If change of ownership give name and address of previous owner
THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR NOTIFY THIS OFFICE.

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|--|---------------|--|---|----------------------|
| Lease Name Phillips Federal | Well No. 1 | Pool Name, including Formation Wildcat Undesignated | Kind of Lease State, Federal or Fee Federal | Lease No. NM-2244 |
| Location Unit Letter J ; 1980 Feet From The South Line and 1980 Feet From The East Line of Section 12 Township 23S Range 37E, NMPM, Lea County | | | | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | | | | | |
|---|--|------------|-------------|-------------|----------------------------------|-------------------------|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Phillips Petroleum Company - Trucking | Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook, Odessa, Texas 79762 | | | | | |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Texaco | Address (Give address to which approved copy of this form is to be sent) POB 3000, Tulsa, Oklahoma 74012 | | | | | |
| If well produces oil or liquids, give location of tanks. | Unit J | Sec. 12 | Twp. 23S | Rge. 37E | Is gas actually connected? No | When Approx. 4 weeks |

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

IV. COMPLETION DATA

| | | | | | | | | | |
|---|---------------------------------------|--|-----------------------------------|--|-----------------------------------|---------------------------------|------------------------------------|--------------------------------------|---------------------------------------|
| Designate Type of Completion - (X) | | Oil Well <input checked="" type="checkbox"/> | Gas Well <input type="checkbox"/> | New Well <input checked="" type="checkbox"/> | Workover <input type="checkbox"/> | Deepen <input type="checkbox"/> | Plug Back <input type="checkbox"/> | Same Res'v. <input type="checkbox"/> | Diff. Res'v. <input type="checkbox"/> |
| Date Spudded 11/29/85 | Date Compl. Ready to Prod. 1/31/86 | | Total Depth 9455' | | T.B.T.D. 7360' | | | | |
| Elevations (DF, RKB, RT, CR, etc.) 3324 GR | Name of Producing Formation Abo | | Top Oil/Gas Pay 7298' | | Tubing Depth 7134' | | | | |
| Perforations 7298-7304 | | | | | Depth Casing Shoe | | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | | |
| 17 1/2" | 13 3/8" | | 1160' | | 1000 SXS | | | | |
| 12 1/4" | 8 5/8" | | 2704' | | 900 SXS | | | | |
| 7 7/8" | 5 1/2" | | 7584' | | 2000 SXS | | | | |
| | 2 3/8" | | 7134' | | | | | | |

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 Tanks 1/20/86 | Date of Test 1/27/86 | Producing Method (Flow, pump, gas lift, etc.) Flowing | |
| Length of Test 24 hrs | Tubing Pressure 100# | Casing Pressure Packer | Choke Size 24/64 |
| Actual Prod. During Test 50 | Oil - Bbls. 50 | Water - Bbls. 0 | Gas - MCF 50 |

GAS WELL

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

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.


(Signature)
Joseph J. Kelly, President
(Title)
February 3, 1986
(Date)

OIL CONSERVATION COMMISSION

APPROVED FEB 7 - 1986, 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 Forms C-104 must be filed for each pool in multiply completed wells.