Submit 5 Copies
Appropriate District Office
DISTRICT I .O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 ed 1-1-89 See Instruction

DISTRICT II O. Drawer DD, Artesia, NM 88210 OIL CONSERVATION DIVISION

P.O. Box 2088

63400

Santa Fe, New Mexico 87504-2088 DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Operator Well API No. Prime Operating Company 30-325-09717 Address 731 W. Wadley, Bldg. L-220, Midland, TX 79705 Reason(s) for Filing (Check proper box) Other (Please explain) New Well nge in Transporter of: Recompletion Dry Gas $\nabla \mathbf{k}$ Change in Operator Caninghead Gas Condensate If change of operator give name and address of previous operator Elk Energy Corporation, 1625 Larimer St., Suite 2403, Denver, CO 80202 II. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including Formation Kind of Lease Lease No. E. J. Wells State, Federal or Fee 4 Jalmat/Tansill-Yates-7 Rvrs LC-032582-A Location South Line and _ 1980 660 Feet From The Unit Letter _ Feet From The Line Section 1 25S .36E Lea Township Range NMPM, County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent) Texas New Mexico Pipeline Co. Box 2528, Hobbs, N.M. 88240 Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent) (XX) Sid Richardson Carbon & Gasoline Co. 201 Main St., Ft. Worth, TX 76102 If well produces oil or liquids, Unit Sec. Twp. Rge. Is gas actually connected? When ? give location of tanks. | F-G | 12 | 25S | **36**E N/A Yes If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v Diff Res'v Designate Type of Completion - (X) Total Depth Date Spudded Date Compl. Ready to Prod. P.B.T.D. Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay **Tubing Depth** Depth Casing Shoe TUBING, CASING AND CEMENTING RECORD **HOLE SIZE CASING & TUBING SIZE SACKS CEMENT** 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 Tank Producing Method (Flow, pump, gas lift, etc.) Date of Test Length of Test Choke Size Casing Pressure Tubing Pressure Water - Bbis. Actual Prod. During Test Gas- MCF Oil - Rhis **GAS WELL** Actual Prod. Test - MCF/D Length of Test Bbls, Condensate/MMCF Gravity of Condensate Testing Method (pitot, 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 OCT 1 3 '92 is true and complete, to the best of my knowledge and belief. Date Approved _ kula ORIGINAL SIGNED BY JERRY SEXTON By_ Signature W. Levea BISTARUT I SUPERVISOR

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

Printed Name

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

Title

FOR RECORD ONLY

MAY 20 1993

2) All sections of this form must be filled out for allowable on new and recompleted wells.

Telephone No.

<u>District Manager</u>

915 682-5600^{Title}

- 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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