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

State of New Mexico .rgy, Minerals and Natural Resources Depa

n C-104 rd 1-1-89 e Instruction

DISTRICT 1 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 68256 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Operator Well API No. Prime Operating Company 30-025-09718 Address 731 W. Wadley, Bldg. L-220, Midland, TX 79705 Reason(s) for Filing (Check proper box) Other (Please explain) New Well Change in Transporter of: Dry Gas Recompletion Change in Operator \mathbf{x} Casinghead Gas Condensate If change of operator give name and address of previous operator Elk Energy Corporation, 1625 Larimer, Suite 2403, Denver, CO 80202 II. DESCRIPTION OF WELL AND LEASE Well No. | Pool Name, Including Formation Kind of Lease Lease No. Wells B-1 Jamlat/Tnsl, Yts, 7 Rvrs. State, Federal or Fee C-032582B Location 660' Unit Letter Feet From The North Line and 660' _ Feet From The <u>East</u> EOTT Energy Operating LP **25S** 36E , NMPM, Range 1 62 County III. DESIGNATION OF STRANSPORTER 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) XX Enron Oil Trading & Transportation Lol <u> B**o**x 1198, Houston, TX 77251-1188</u> Name of Authorized Transporter of Casinghead Gas \boxtimes or Dry Gas Address (Give address to which approved copy of this form is to be sent) Sid Richardson Carbon & Gasoline <u> 201 Main, Ft. Worth, TX 76102</u> If well produces oil or liquids, Unit Sec. Twp. Rge. is gas actually connected? When? give location of tanks. 1 125S 136E Yes 7-3-57 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 Designate Type of Completion - (X) Date Spudded Total Depth Date Compl. Ready to Prod. P.B.T.D. Elevations (DF, RKB, RT, GR, etc.) Top Oil/Gas Pay Name of Producing Formation **Tubing Depth** Depth Casing Shoe TUBING, CASING AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE SACKS CEMENT TEST DATA AND REQUEST FOR ALLOWABLE (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.) OIL WELL Date First New Oil Run To Tank Date of Test Producing Method (Flow, pump, gas lift, etc.) Length of Test Tubing Pressure Casing Pressure Choke Size Actual Prod. During Test Oil - Bhle Water - Bbls. Gas- MCF GAS WELL Actual Prod. Test - MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate Testing Method (puot, back pr.) Tubing Pressure (Shut-in)

VI. OPERATOR 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.

WYR Earl *e*√ea <u>District Manager</u> Printed Name

> 915 682-5600 Telephone No.

OIL CONSERVATION DIVISION

Choke Size

OCT 12 '9%

Date Approved .

By ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR

Title_

Casing Pressure (Shut-in)

FOR RECORD ONLY MAY 20 1993

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.