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

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

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

68256

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

DISTRICT 1 P.O. Drawer DD, Artesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.	Ţ	OTRAN	ISPC	PRT OIL	AND N	ATURAL G					
Operator Prime Operating Company						Well API No. 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 Ti	-								
Recompletion	Oil Casinghead		ry Gas condens								
If change of country aire name											
and address of previous operator Elk Energy Corporation, 1625 Larimer, Suite 2403, Denver, CO 80202											
II. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name Including Formation Kind of Large No. Large No.											
Wells B-1	Well No. Pool Name, Including							of Lease Lease No. Federal or Fee LC-032582B			
Location	1 Jamlat/Tnsl, Yts, 7 Rvrs.								46-6	325828	
Unit Letter A : 660' Feet From The North Line and 660' Feet From The East Line											
Section 1 Township 25S Range 36E , NMPM, Lea County											
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS											
Name of Authorized Transporter of Oil XX or Condensate Address (Give address to which approved copy of this form is to be sent)											
Enron Oil Trading & Transportation Foll Enel Box 1188, Houston, TX 77251-1188											
Name of Authorized Transporter of Casinghead Gas or Dry Gas						ive address to wh			orm is to be se	:nt)	
If well produces oil or liquids,	id Richardson Carbon & Gasoline rell produces oil or liquids, Unit Sec. Twp. Rge.					201 Main, Ft. Worth, TX 76102					
give location of tanks.											
If this production is commingled with that from any other lease or pool, give commingling order number:											
IV. COMPLETION DATA											
Designate Type of Completion	- <i>0</i> XO	Oil Well	Ga	s Well	New Wel	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
-		Ready to Prod.			Total Depth		i	P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Perforations					<u> </u>						
a viro emobile						Depth Casing					
TUBING, CASING AND CEMENTING RECORD											
HOLE SIZE						DEPTH SET		SACKS CEMENT			
								 			
V. TEST DATA AND REQUES						· · · · · · · · · · · · · · · · · · ·		<u></u>			
OIL WELL (Test must be after re		d volume of l	oad oil	and must					or full 24 how	rs.)	
Date First New Oil Run To Tank	Date of Test				Producing N	Method (Flow, pu	mp, gas lift, e	ic.)			
Length of Test	Tubing Pressure				Casing Pres	aure .		Choke Size			
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.			Gas- MCF				
GAS WELL	<u></u>		· · · · · · · · · · · · · · · · · · ·					1			
Actual Prod. Test - MCF/D	Length of Test				Bbis. Condensate/MMCF			Gravity of C	Gravity of Condensate		
								,			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFIC	ATE OF (COMPI 1	ANC	Œ							
I hereby certify that the rules and regulations of the Oil Conservation					OIL CONSERVATION DIVISION						
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					9 CT 1 2 36.						
and the my surger size belief.					Date Approved						
Madde Lura											
Signature Family Louis District Marine					By ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR						
Farl J. Levea District Manager Printed Name Title											
10/6/07 015 602 5600						FOR RECORD ONLY MAY 20 1993					
Date		Telepho			FOR	RECO	RD C	NLY	MAY 2	० ।५५३	

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.