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LAND OFFICE		
TRANSPORTER	014	
	GAS	
OPERATOR		
BRODATION OF	-10-	

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Form C-104 Supersedes Old C-104 and C-110

	FILE		AND	C. C. C. Effective	1-1-65	
,	U.S.G.S.	AUTHORIZATION TO TRANSPORTING HAND NATURAL GAS				
	LAND OFFICE					
	TRANSPORTER GAS					
	OPERATOR					
1.	PRORATION OFFICE	<u> </u>				
	Cperator ELLIOTT PRODUCTION COMPANY Address					
	P. O. BOX 1355, Roswell, New Mexico					
	Reason(s) for filing (Check proper box		Other (Please exp	lain) Elliott Otl T	hanwar or	
	New Well	Well Change in Transporter of: Other (Please explain) Other (Please explain) Other (Please explain) Into Elliott Oil, Inc. merged into Elliott Production Company with				
	Recompletion	Oil Dry Gas Elliott Production Company, P.O. Box 1355				
	Change in Ownership Casinghead Gas Condensate Roswell, New Mexico being surviving					
	If change of ownership give name		Corporation		•	
	and address of previous owner	ELLIOTT OIL, INC., P.	D. Box 1355, Roswel	1, New Mexico		
11	DESCRIPTION OF WELL AND	LEASE				
•••	Lease Name	Well No. Pool Name, Including F		d of Lease	Lease No.	
	Elliott Palari "H"	Dollarhide	Devonian Stat	e, Federal or Fee Federa	1 LC-069052	
	Location Unit Letter H ; 198 0	Feet From The North Lin	ne and <u>660</u> F	eet From The Eact		
	Line of Section 31 To	wnship 24S Range	38E , NMPM,	<u>Lea</u>	County	
111	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	15			
111.	Name of Authorized Transporter of Oil	or Condensate	Address (Give address to wh	ich approved copy of this form	n is to be sent)	
	Texas-New Mexico Pir	peline Company	P.O. Box 1510.	Midland, Texas ich approved copy of this form		
	Name of Authorized Transporter of Ca	singhead Gas X or Dry Gas	•		n is to be sent)	
	El Paso Natural Gas		P. O. Box 1492 [s gas actually connected?	, El Paso, Texas		
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. C-N-3 31 24S 38E		, when		
	<u> </u>		Yes	1952		
	If this production is commingled wince COMPLETION DATA	ith that from any other lease or pool,	give comminging order num	ider:		
		Cil Well Gas Well	New Well Workever D	eepen Plug Back Same	e Resty. Diff. Resty,	
	Designate Type of Completi		Trial Dark	F.B.T.D.		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	F.SD.		
	Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
	, , , , , , , , , , , , , , , , , , , ,					
	Perforations			Depth Casing Sho	e	
			D CEMENTING RECORD DEPTH SET	SACKS	CEMENT	
	HOLE SIZE	CASING & TUBING SIZE	DEFINGE	JACKS	OLINE III	
		<u> </u>	<u> </u>			
V.	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be able for this d	after recovery of total volume o epth or be for full 24 hours)	f load oil and must be equal to	o or exceed top allow	
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pur	mp, gas lift, etc.)		
	Sale 1101 1101 Sale 1101					
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
	Actual Prod. During Tes:	Oil-Bbls.	Water-Bbls.	Gas - MCF		
		1	<u> </u>			
	CAC WELL					
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Conder	naαte	
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in	Choke Size		
VI.	CERTIFICATE OF COMPLIAN	ICE	OTE CON	ISERVATION COMMIS	SION	
	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		APPRØVED, 19			
			BY			
		•	∵ :			

ELLIOTT PRODUCTION COMPANY

Vice President

(Title)

May 18, 1967

(Date)

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.