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

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

•	T(	O TRANS	SPORT OIL	AND NAT	UHAL GA					
Operator ELK ENERGY CORPORATION					Well API No.					
ELK ENERGY CORPORATION					30-025-25532					
1625 LARIMER STREET, S	UITE 24	03, DEN	VER, COLOF			- A				
Reason(s) for Filing (Check proper box)		Thomas in Tax	nomentar of:	U Othe	t (Please explai	in)				
New Well	Oil	hange in Tra	y Gas							
Change in Operator	Casinghead	· ·	ndensate						•	
change of operator give name address of previous operator										
100	NID LEA	CIC .	Tan							
. DESCRIPTION OF WELL AND LEASE Tax ease Name Well No.   Pool Name, Inclu				ing Formation Kind o			of Lease No.			
WELLS B-1		4 Ja	lmat ∧ Yate	es-7 Riv	ers	XXX.	Federal or Fee	LC-032	582-B	
Location	1000		¢.		660			<b>"</b>		
Unit Letter	: 1980	Fe	et From The _So	outh Line	and <u>660</u>	Fe	et From The	<u> East</u>	Line	
Section 1 Township	25 <b>S</b> o	uth Ra	inge 36 Eas	st , <b>N</b> N	лрм,	LEA			County	
III. DESIGNATION OF TRANS Name of Authorized Transporter of Oil		or Condensate			e address to wh	ich approved	conv of this f	orm is to he se	nt)	
Conoco Inc. Surface										
Name of Authorized Transporter of Casinghead Gas or Dry Gas				P. O. Box 2587, Hobbs, New Mexico 88240  Address (Give address to which approved copy of this form is to be sent)						
id Richardson Carbon & Gasoline Co.				201 Main St., Ft. Worth, Texas 76102						
f well produces oil or liquids, Unit Sec. ive location of tanks.			wp.   Rge. 5S   36E	Is gas actually connected? When Yes			? NA			
If this production is commingled with that i	<del></del>			<del></del>			INT	<del></del>		
IV. COMPLETION DATA		<u> </u>								
Designate Type of Completion	- (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded		te Compl. Ready to Prod.		Total Depth			P.B.T.D.			
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Perforations					<del></del>		Depth Casin	ng Shoe		
								-6		
	CEMENTI	NG RECOR	D							
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT			
<u> </u>							1			
	TOD A		W W1							
V. TEST DATA AND REQUES OIL WELL (Test must be after r				he equal to o	exceed ton all	owable for th	s denth or he	for full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Tes		.000 01 0/10 //100		ethod (Flow, pi	·····		<i>yor</i> <b>y===</b> 2 + 1===	, ,	
Length of Test	Tubing Pressure			Casing Press	ure		Choke Size			
Actual Prod. During Test	al Prod. During Test Oil - Bbis.					J_11	Gas- MCF			
	On - Bois,									
GAS WELL	<del></del>	<del></del>					-			
Actual Prod. Test - MCF/D	Length of	Cest		Bbls. Condensate/MMCF			Gravity of Condensate			
The State of the Book and the State of the S	(tot. back pr.) Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size		
Testing Method (pitot, back pr.)	ruoing Fre	ssuc (2001-in	1)	Casing Pleasure (Shut-in)			CHORE SIZE			
VI. OPERATOR CERTIFIC	ATE OF	COMPL	IANCE	1						
I hereby certify that the rules and regu	lations of the	Oil Conserva	tion		OIL CON	1SERV	KINITA	DIXISIC	NC	
Division have been complied with and is the and complete to the best of my	that the infor	mation given ad belief.	above	[]			JAN	1 12		
(h)	2			Date	Approve	:d			<del></del>	
Youthe & M	rac				Opicina	LI ALCONION	ആം എന്നു.	CEYTON		
Signature Namette E. Gray, Execu	it iv No	 ssistant		∥ By_			SAY SAN			
Printed Name	ACIVE AS		Title	Title						
12-30-91	(303) 89						·			
Date		Teleph	one No.	11						

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.

To a DAY