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OPERATOR		/
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65
RECEIVED
SEP 25 1969
O. C. C.
ARTESIA, OFFICE

I.

Operator Plains Radio Broadcasting Company	
Address 305 West 9th Amarillo, Texas 79101	
Reason(s) for filing (Check proper box)	
New Well ☐	Change in Transporter of:
Recompletion ☐	Oil ☐ Dry Gas ☐
Change in Ownership ☒ operator	Casinghead Gas ☐ Condensate ☐
Other (Please explain)	

If change of ownership give name and address of previous owner **operator Avalanche-Journal Publishing Company 305 West 9th Amarillo**

II. DESCRIPTION OF WELL AND LEASE

Lease Name White Ranch	Well No. 1	Pool Name, Including Formation White Ranch Siluro Devonian	Kind of Lease State, Federal or Fee Fee	Lease No.
Location				
Unit Letter E ; 660 Feet From The West Line and 1980 Feet From The North				
Line of Section 34 Township 11 South Range 29 East , NMPM, Chaves County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ XXXXXXXXXXXX The Permian Corporation	Address (Give address to which approved copy of this form is to be sent) Box 3119 Midland, Texas Att'n: Mr. Fulsom	
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐ XXXXXXXXXXXXXXXXXXXXXXX	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 34
	Twp. 11S	Rge. 29E
Is gas actually connected?		When

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	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 Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

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. CERTIFICATE OF COMPLIANCE

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.

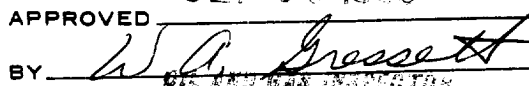
Plains Radio Broadcasting Company

 **Leon Swift**
(Signature)

Field Repr.
(Title)

September 23, 1969
(Date)

OIL CONSERVATION COMMISSION

APPROVED **SEP 30 1969**, 19
BY 
W. A. Gressett

TITLE

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.