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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

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

HOBBS OFFICE O.C.C.

DEC 8

Form C-104

Subsequent to C-104 and C-110
Effective 1-1-65

(DEVIATION SURVEYS ON BACK SIDE)

Operator <u>Ran American Petroleum Corp.</u>	
Address <u>Box 68 Hobbs, N.M. 88240</u>	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>HOOD FEDERAL</u>	Well No. <u>2</u>	Pool Name, Including Formation <u>BOUGH DEVONIAN</u>	Kind of Lease <u>R-3043</u>
Location Unit Letter <u>E</u> , <u>1980</u> Feet From The <u>NORTH</u> Line and <u>660</u> Feet From The <u>WEST</u> Line of Section <u>13</u> , Township <u>9-S</u> Range <u>35-E</u> , NMPM, <u>LEA</u> County			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>THE PERMIAN CORP (TRUCKS)</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 3119, MIDLAND, TEXAS</u>	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	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 <u>L</u>	Sec. <u>13</u>
	Twp. <u>9</u>	Rge. <u>35</u>
	Is gas actually connected? <u>NO</u>	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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded <u>10-7-65</u>	Date Compl. Ready to Prod. <u>12-3-65</u>	Total Depth <u>11,955'</u>	P.B.T.D. <u>—</u>					
Pool <u>BOUGH</u>	Name of Producing Formation <u>DEVONIAN</u>	Top Oil/Gas Pay <u>11926'</u>	Tubing Depth <u>11939'</u>					
Perforations <u>11926'-938' w/2JSPF</u>	Depth Casing Shoe <u>11955'</u>							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
<u>17 1/2"</u>	<u>13 3/8"</u>	<u>452'</u>	<u>450</u>					
<u>12 1/4"</u>	<u>8 5/8"</u>	<u>4874'</u>	<u>2200</u>					
<u>7 7/8"</u>	<u>5 1/2"</u>	<u>11955'</u>	<u>1150</u>					

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 <u>12-3-65</u>	Date of Test <u>12-4-65</u>	Producing Method (Flow, pump, gas lift, etc.) <u>FLOW</u>	
Length of Test <u>24</u>	Tubing Pressure <u>375</u>	Casing Pressure <u>375</u>	Choke Size <u>12/64"</u>
Actual Prod. During Test	Oil-Bbls. <u>273</u>	Water-Bbls. <u>0</u>	Gas-MCF <u>10 (608 43.4)</u>

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	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.

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY _____

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 Sections I, II, III, and VI only 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 well in multiple

0+4-NMOC
1-JWB
1-JMB
1-SUP
1-R14

(Signature)

(Title)

(Date)

Area Supr
12-6-65

Deviation Surveys

N O T I C E

degrees off

REQUEST Temporary Approval for off-lease storage of production from this well. Production will be stored in separate tanks located on the Federal A. Lease, Unit L-13-9-35, pending approval of commingling request between the Hood Federal Lease and the Federal "A" Lease in which the Hood Federal production will be stored is located in Unit L-13-9-35 on the Federal "A" Lease. The USGS has given verbal approval for this off-lease storage.

Depth	
450	1/4
958	3/4
1485	"
1995	1 -
2422	3/4
2541	"
3033	1/2
3470	1 1/2
3553	2 -
4000	1 1/2
4310	3/4
4554	1/2
4870	1/4
5205	3/4
5550	1/4
6070	1 -
6500	1 -
6830	1 -
7262	1/4
7640	1/2
8100	3/4
8400	"
9175	"
9610	"
10050	1/2
10500	3/4
10940	1 1/2
11775	1 -
11955	1/2

Observations are true to the best of my knowledge.

Area Dept.

Sworn to this date, the 6th day of December, 1965

ST. Michael
Notary Public and Tax Co. N.M.

My commission expires 6-18-68