

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

RECEIVED

SEP 29 1981

O. C. D.  
ARTIFICIAL OFFICEREQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	1
FILE	1
U.S.D.S.	
LAND OFFICE	
TRANSPORTER	OIL 1
	GAS 1
OPERATION	1
REGISTRATION OFFICE	

Operator Plains Radio Broadcasting Company ✓	
Address P. O. Box 9354 Amarillo, Texas 79105	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	designation
Recompletion <input type="checkbox"/>	Change in Transporter of:
Change in Ownership <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
	Casinghead Gas <input checked="" type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name  
and address of previous owner

## I. DESCRIPTION OF WELL AND LEASE

Lease Name L. E. Ranch 9	Well No. 2	Pool Name, including Formation E. Chisum (San Andres)	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter N ; 2310 Feet From The West Line and 330 Feet From The South				
Line of Section 9 Township 11S Range 28E, NMPM, Chaves County				

## II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> The Permian Corp. Permian (Eff. 9 / 1 / 87)	Address (Give address to which approved copy of this form is to be sent) Houston Texas	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Mapco Production Co.	Address (Give address to which approved copy of this form is to be sent) 1800 S. Baltimore Ave. Tulsa OK 74119	
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 9
	Twp. 11S	Rge. 28E
	Is gas actually connected? yes	When 8-13-81

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

## V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Fr.
Date Spudded 3-31-73	Date Compl. Ready to Prod. 2-10-75	Total Depth 2200'	P.B.T.D. 2199'					
Elevations (DF, RKB, RT, GR, etc.) 3700.7 GR	Name of Producing Formation San Andres	Top Oil/Gas Pay 2131	Tubing Depth 2170					
Perforations 1 perf. per interval 2130', 2150', 2159', 2166', 2172', 2175'	Depth Casing Shoe 2199'							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE 10-3/4"	CASING & TUBING SIZE 8-5/8"	DEPTH SET 285'	SACKS CEMENT 75sx. Type H					
8"	4-1/2"	2199'	100 sacks, class C					

VI. 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 L  
able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks Feb 10, 1975	Date of Test Feb. 3 to Feb 8, 1975	Producing Method (Flow, pump, gas lift, etc.) pump-12x1 1/2" traveling barrel	
Length of Test 5 days	Tubing Pressure -0-	Casing Pressure -0-	Choke Size none
Actual Prod. During Test 20 bbls.	Oil-Bbls. 20	Water-Bbls. 20	Gas-MCF tstm

## GAS WELL

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

## CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation  
Division have been complied with and that the information given  
above is true and complete to the best of my knowledge and belief.

President

(Title)

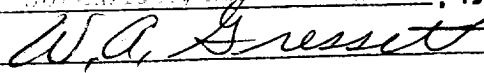
September 25, 1981

(Date)

## OIL CONSERVATION DIVISION

APPROVED SUPERVISOR, DISTRICT II, 19

BY



TITLE

OCT 28 1981

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 deviated  
tests taken on the well in accordance with RULE 111.All sections of this form must be filled out completely for all  
wells on new and recompleted wells.Fill out only Sections I, II, III, and VI for changes of own  
well name or number, or transporter, or other such change of condition.Separate Form C-104 must be filled for each pool in multi-  
completed wells.