

Submit 5 Copies  
Approved District Office  
District II  
P.O. Box 1077, Hobbs, NM 88240

State of New Mexico  
Oil, Minerals and Natural Resources Department

RECEIVED

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

DISTRICT II  
P.O. Drawer DD, Artesia, NM 85210

OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

DEC 10 '90

455  
21  
up

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

D. D.  
ARTESIA OFFICE

I. Operator  
Plains Radio Petroleum Co. Well API No. 30-005-60257  
Address  
P. O. Box 9354 Amarillo, Tx 79105  
Reason(s) for Filing (Check proper box)  
New Well ☐ Change in Transporter of: ☐ Other (Please explain)  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Operator ☒ Casinghead Gas ☐ Condensate ☐  
If change of operator give name and address of previous operator  
Plains Radio Broadcasting Co. P. O. Box 9354 Amarillo, Tx 79105

II. DESCRIPTION OF WELL AND LEASE  
Lease Name L.E. Ranch 9 Well No. 2 Pool Name, including Formation Chisum San Andres East Kind of Lease State, Federal or Fee Lease No.  
Location  
Unit Letter N : 330 Feet From The South Line and 2310 Feet From The West Line  
Section 9 Township 11S Range 28E , NMPLM, Chaves County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS SCURLOCK PERMIAN CORP EFF 9-1-91  
Name of Authorized Transporter of Oil ☒ or Condensate ☐  
Permian Operating Limited Partnership Address (Give address to which approved copy of this form is to be sent)  
P.O. Box 1183 Houston, Tx 77251-1183  
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐  
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 J Sec. 9 Twp. 11S Rge. 28E 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, CR, 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  
Part 10-3  
12-21-90  
chj op

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 Tank 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 (pilot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size

VI. OPERATOR 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.  
Signature Basil E. Walker, Jr. V. P.  
Printed Name Title  
5 Dec 90 (806) 373-3771  
Date Telephone No.

OIL CONSERVATION DIVISION  
Date Approved DEC 14 1990  
By ORIGINAL SIGNED BY  
MIKE WILLIAMS  
Title SUPERVISOR, DISTRICT II

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