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| INTE | FE | | |
| ILE | | | |
| S.G.S. | | | |
| AND OFFICE | | | |
| TRANSPORTER | OIL | / | |
| | GAS | | |
| OPERATOR | | | |
| PRORATION OFFICE | | | |

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-111
Effective 1-1-55

OCT 6 1975

B. C. C.
ARTESIA, OFFICE

| | | | |
|--|---|---------------------------------|--|
| Operator | PLAINS RADIO BROADCASTING COMPANY / | | |
| Address | P. O. Box 1168, Roswell, New Mexico 88201 | | |
| Reason(s) for filing (Check proper box) | Other (Please explain) | | |
| New Well <input checked="" type="checkbox"/> | Change In Transporter of: | CASINGHEAD GAS MUST NOT BE | |
| Recompletion <input type="checkbox"/> | Oil <input type="checkbox"/> | FLARED AFTER 12-1-75 | |
| Change In Ownership <input type="checkbox"/> | Casinghead Gas <input type="checkbox"/> | UNLESS AN EXCEPTION TO Rule 306 | |
| | Dry Gas <input type="checkbox"/> | IS OBTAINED | |
| | Condensate <input type="checkbox"/> | Ex. 2-152 | |
| If change of ownership give name and address of previous owner | | | |

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|-----------------|----------|--------------------------------|---------------------------|---------------------|
| Lease Name | Well No. | Pool Name, Including Formation | Kind of Lease | Lease No. |
| L E Ranch - 9 | 3 | East Chisum San Andres | State, Federal or Fee Fee | |
| Location | | | | |
| Unit Letter | 1 | 1650 Feet From The South | Line and 990 | Feet From The East |
| Line of Section | 9 | Township 11S | Range 28E | NMPM, Chaves 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"/> | Address (Give address to which approved copy of this form is to be sent) | | | | | |
| The Permian Corp. Western Transportation | Box 1183 Houston Texas 77001 | | | | | |
| 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) | | | | | |
| | 712 East 5th, Roswell, New Mexico 88201 | | | | | |
| If well produces oil or liquids, give location of tanks. | Unit | Sec. | Twp. | Rge. | Is gas actually connected? | When |
| | 1 | 9 | 11S | 28E | no | |

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 <input type="checkbox"/> | New Well <input checked="" type="checkbox"/> | Workover <input type="checkbox"/> | Deepen <input type="checkbox"/> | Plug Back <input type="checkbox"/> | Same Res'v. <input type="checkbox"/> | Diff. Res'v. <input type="checkbox"/> |
| Date Spudded | Date Compl. Ready to Prod. | | Total Depth | | P.B.T.D. | | | |
| August 5, 1975 | September 28, 1975 | | 2230' | | 2230' | | | |
| Elevations (DF, RKB, RT, CR, etc.) | Name of Producing Formation | | Top Oil/Gas Pay | | Tubing Depth | | | |
| 3721 GL | San Andres | | 2200 | | 2200 | | | |
| Perforations | | | | | Depth Casing Shoe | | | |
| open hole 2140-2230 | | | | | 2140 | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| 10 3/4 | 8 5/8 | | 328 | | circ. | | | |
| 8" & 6" | 4 1/2 | | 2140' | | 368 | | | |
| | 2 3/8" | | 2200 | | | | | |

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)

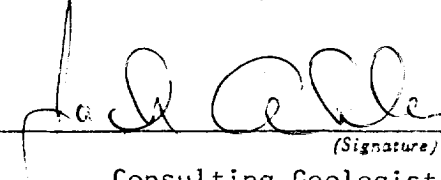
| | | | |
|---------------------------------|--------------------|---|------------|
| Date First New Oil Run To Tanks | Date of Test | Producing Method (Flow, pump, gas lift, etc.) | |
| September 28, 1975 | September 28, 1975 | Flow | |
| Length of Test | Tubing Pressure | Casing Pressure | Choke Size |
| 24 hrs. | none | 200 | none |
| Actual Prod. During Test | Oil - Bbls. | Water - Bbls. | Gas - MCF |
| | 20 B O | none | |

GAS WELL

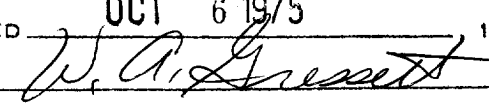
| | | | |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test - MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate |
| | | | |
| Testing Method (pitot, back pr.) | Tubing Pressure (Shut-in) | Casing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


(Signature)
Consulting Geologist
(Title)
October 2, 1975
(Date)

OIL CONSERVATION COMMISSION

APPROVED OCT 6 1975 19
BY 
TITLE SUPERVISOR, DISTRICT II

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.