

DISTRIBUTION	
SA	TA FE
FI	E
G.S.	
D OFFICE	
TRANSPORTER	OIL
	GAS
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

FEB 7 1975

I. OPERATOR

Plains Radio Broadcasting Co. ✓

Address

Box 9354, Amarillo, Texas 79106

Reason(s) for filing (Check proper box)

New Well ☒ Change in Transporter of: Oil ☐ Dry Gas ☐ CASINGHEAD GAS MUST NOT BE FLARED AFTER 4-1-73 UNLESS AN EXCEPTION TO Rule 306 IS OBTAINED

Recompletion ☐ Oil ☐ Condensate ☐

Change in Ownership ☐ Casinghead Gas ☐

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 16	3	East Chium, S. A.	State, Federal or Fee State	K 2114
Location				
Unit Letter A	330	Feet From The N	Line and 330	Feet From The E
Line of Section 16	Township 11	Range 28	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)
Permian Corporation	Midland, Texas 79901
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 Sec. Twp. Rge. Is gas actually connected? When
A 16 11 28	

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 7-7-73	Date Compl. Ready to Prod. 12/27/74	Total Depth 2250 2265	P.B.T.D. 2218					
Elevations (DF, RKB, RT, GR, etc.) GL 3724	Name of Producing Formation S.A.	Top Oil/Gas Pay 2222x 2194	Tubing Depth 2170					
Perforations 2194 2202, 2210, 2216	2221 - 2236	Depth Casing Shoe 2260						
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE 10"	CASING & TUBING SIZE 3-1 8 5/8"	DEPTH SET 312	SACKS CEMENT 200					
8	4 1/2	2260 ft.	200, type H, 50 type G					
	2 3/8	2170						

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 12-27-74	Date of Test 12/27-74	Producing Method (Flow, pump, gas lift, etc.) pump	
Length of Test 24 hrs.	Tubing Pressure tstm	Casing Pressure tstm	Choke Size none
Actual Prod. During Test 59	Oil-Bbls. 11	Water-Bbls. 18	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 (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.

Renta Pool

(Signature)

Agent

(Title)

2-5-76

(Date)

OIL CONSERVATION COMMISSION

FEB 11 1975

APPROVED BY W. A. Gussett 19
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.