

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501Form C-104  
Revised 10-1-78

RECEIVED

SEP 29 1981

O. C. D.

SPECIAL OFFICE

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES REQUIRED	
DISTRIBUTION	
SANTA FE	1
FILE	1
U.S.O.	
LAND OFFICE	
TRANSPORTER	OIL 1
	NATURAL GAS 1
OPERATOR	1
PRODUCTION OFFICE	

Operator  
Plains Radio Broadcasting Co.Address  
P. O. Box 9354 Amarillo, Texas 79105

Reason(s) for filing (Check proper box)	designation	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input checked="" 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 L. E. Ranch 16	Well No. 3	Pool Name, including Formation E. Chisum (San Andres)	Kind of Lease State, Federal or Fee State	Lease No. K-2114
Location				
Unit Letter A	330	Feet From The North	Line and 330	Feet From The East
Line of Section 16	T. wship 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"/> The Permian Corp.	Address (Give address to which approved copy of this form is to be sent) Houston, Texas			
Name of Authorized Transporter of Casinghead Gas <input checked="" 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 B	Sec. 16	Twp. 11S	Rge. 28E
Is gas actually connected?		When		
yes		8-13-81		

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

## COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Rest'y. <input type="checkbox"/>	Diff. Re <input type="checkbox"/>
Date Spudded 7-7-73	Date Compl. Ready to Prod. 12-27-74		Total Depth 2265'		P.B.T.D. 2218'			
Elevations (DF, RKB, RT, GR, etc.) 3724 GL	Name of Producing Formation San Andres		Top Oil/Gas Pay 2194		Tubing Depth 2170'			
Perforations 2194, 2202, 2210, 2266,					Depth Casing Shoe 2260'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
10"	8-5/8"		312		200			
8"	4-1/2"							

IV. 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. 59	Water-Bbls. 18	Gas-MCF tstm

## GAS WELL

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

## V. 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

September 25, 1981

(Date)

## OIL CONSERVATION DIVISION

APPROVED

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 device 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 owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multi-completed wells.