DISTRICT]
1 O Box 1980, Hobbs, NM 88240

DISTRICT II P.O. Drawer DD, Anesia, NM 88210

DIL CONSERVATION DIVIS.

P.O. Box 2088

See Instructions RECEIVED Bottom of Page

Santa Fe, New Mexico 87504-2088

UCT 1 1 1991

DISTRICT III		Danta	1 C, 1 CW 1VI	CAICO 0750	74-2000		O_{i}	74. M		
I(HX) Rio Brazos Rd., Aztec, NM 87410			ALLOWAE SPORT OIL				Canal Service	ada Argana		
Operator				API No.	API No.					
Plains Radio Pe	Plains Radio Petroleum Company 🗸					3	0-005-60	-005-60423		
Address P.O.Box 9354, A	marill	o, Texa	as 7910)5	,					
Reason(n) for Filing (Check proper box)				₹ Othe	et (Please expl	ain)				
New Well		Change in Tra	nsporter of:	Reque	est nam	e chan	ge of we	11 to		
Recompletion	Oil	∐ Dr		LĒF	Ranch 1	6 #16.				
Change in Operator K		Gas Co								
If change of operator give name and address of previous operator Fred	Pool I	rillin	, Inc.	P.O.box	1393,	Roswel	1, N.M.	88201		
II. DESCRIPTION OF WELL										
Lease Name DE Ranch 16	,	1/	ol Name, Includ	_			of Lease , Federal or Fee	K 2	ease No.	
Plains State		8/6 E.Chisum, San Andres				XX	XX'		114	
Location	. 231	0 -	st From The	South	. 231	0 .	·	East	Line	
Unit Letter	:	Per	st From The	Link			eet From The		Line	
Section 16 Township	,11S	Ra	nge 28E	, Ni	upm, Ch	aves			County	
III. DESIGNATION OF TRAN	SPORTE	R OF OIL	AND NATU	RAL GAS						
Name of Authorized Transporter of Oil		or Condensate		Address (Giv	e address to w	hich approve	d copy of this for	m is to be se	int)	
Name of Authorized Transporter of Casing	head Gas	or or	Dry Gas	Address (Give	e address to w	hich approve	d copy of this for	m is to be se	int)	
Liquid Energy	<i>,</i>									
If well produces oil or liquids, give location of tanks.	uces oil or liquids, Unit Sec. Twp. Rge. Is gas actually connected? Wh						en 7			
If this production is commingled with that i	mm env othe	r lease or pool	eive comminel	line order numb	······································	l				
IV. COMPLETION DATA	nom uny oun	or pass	, gro continue	ing order bank						
Designate Type of Completion	- (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded		I. Ready to Pro	ld.	Total Depth	L.,	J	P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth	Tubing Depth		
Perforations				,			Depth Casing Shoe			
	T	UBING, CA	SING AND	CEMENTI	NG RECOR	SD				
HOLE SIZE	CAS	SING & TUBI	IG SIZE	DEPTH SET			$ \rho$ $\stackrel{S}{\sim}$	SACKS CEMENT		
	<u></u>						last.	Tat ID-3		
		_,					10-	10-25-91		
	ļ						the up & well marre			
V. TEST DATA AND REQUES	T FOR A	LLOWAB	LE	1						
OIL WELL (Test must be after r				s be equal to or	exceed top all	owable for th	his depth or be fo	r full 24 hou	ers.)	
Date First New Oil Run To Tank	Date of Tes	1		Producing Me	ethod (Flow, p	ump, gas lift,	elc)			
	 	···			Casing Pressure			Choke Size		
Length of Test	Tubing Pressure			Casing Pressure						
Actual Prod. During Test	Oil - Bbls.			Water - Bbis.			Gas- MCF			
CAC SUCLE	<u> </u>									
GAS WELL [Actual Prod. Test - MCF/D]	Length of	l'aet		Bbis. Condensate/MMCF			Gravity of Condensate			
Actual Prog. Test - MCPD	Lengui Oi	CSL		DOIS. CONGENSAC/MINICIPALITY			Clavily of Conscarato			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size	Choke Size		
VI OPERATOR CERTIFIC	ATT OF	COMPL	A NICE	\r						
VI. OPERATOR CERTIFIC					OIL COM	VSERV	MOITA	DIVISIO	NC	
I hereby certify that the rules and regulations of the Oil Conservation Spirition have been complied with and that the information given above										
is true and complete to the best of my				በሮፓ	OCT 1 0 1001					
~	1			Date	Approve	ea	OCT 1 8	1991		
J Van	X() ,									
Signature	X.			By_		GINAL S	IGNED BY			
Ered Deel Ir		Dracid	ont	11	MARK.	ce south tele	X 0.7 %			

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Printed Name

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

Title

SUPERVISOR, DISTRICT 17

2) All sections of this form must be filled out for allowable on new and recompleted wells.

505 623-8202 Telephone No.

Title

- 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.