

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.  
ARTESIA, OFFICEREQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	1
FILE	1
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL 1 GAS 1
OPERATOR	1
PROMOTION 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"/>	<del>Change to Transporter of:</del>	
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 \_\_\_\_\_

## DESCRIPTION OF WELL AND LEASE

Lease Name L. E. Ranch 16	Well No. 7	Pool Name, Including Formation E. Chisum (San Andres)	Kind of Lease State, Federal or Fee State	Lease No. K2114
Location Unit Letter <u>F</u> : <u>1650</u> Feet From The <u>North</u> Line and <u>2310</u> Feet From The <u>West</u> Line of Section <u>16</u> T. <u>11S</u> Range <u>28E</u> , NMPM, <u>Chaves</u> County				

## 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.	Houston, Texas	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Mapco Production Co.	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? <u>yes</u> When <u>8-13-81</u>	

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	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 12-8-77	Date Compl. Ready to Prod. 10-1-78	Total Depth 2265'	P.B.T.D. 2238'					
Elevations (DF, RAB, RT, GR, etc.) 3680 GR	Name of Producing Formation San Andres	Top Oil/Gas Pay 2101'	Tubing Depth 2091'					
Perforations 2101-2116, 2142-2146, 2160-2186, Total 176 holes size .41			Depth Casing Shoe 2265'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
11"	8 5/8	282'	125 sx					
7 7/8"	5 1/2	2265'	120 sx Class H					
	2 3/8	2091'						

## 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)

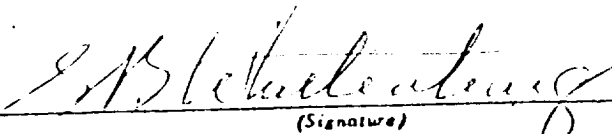
Date First New Oil Run To Tanks 3-2-79	Date of Test 3-2-79	Producing Method (Flow, pump, gas lift, etc.) Pump travelling barrel	
Length of Test 24 hrs.	Tubing Pressure 15#	Casing Pressure 15#	Choke Size none
Actual Prod. During Test	Oil-Bbls. 23	Water-Bbls. 3	Gas-MCF 20

## 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

## 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

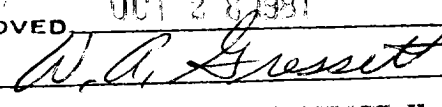
(Title)

September 25, 1981

(Date)

## OIL CONSERVATION DIVISION

APPROVED OCT 28 1981, 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 deepens 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 multiple completed wells.