

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-
Effective 1-1-65

RECEIVED

OCT 2 1978

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| FILE | 4 | |
| U.S.G.S. | | |
| LAND OFFICE | | |
| TRANSPORTER | OIL | 1 |
| | GAS | |
| OPERATOR | | 1 |
| PRORATION OFFICE | | |

I. Operator Plains Radio Broadcasting Co. O.C.C.
Address 327 J.P. White Bldg, Roswell, N.M. 88201 ARTESIA, OFFICE
Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☒ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|---|----------------------|---|---|-----------|
| Lease Name <u>L.E.Ranch 9</u> | Well No. <u>5</u> | Pool Name, Including Formation <u>E.Chisum, San Andres</u> | Kind of Lease State, Federal or Fee <u>Fee</u> | Lease No. |
| Location Unit Letter <u>I</u> ; <u>330</u> Feet From The <u>E</u> <u>1/4</u> Line and <u>2310</u> Feet From The <u>S</u> Line of Section <u>9</u> Township <u>11S</u> Range <u>28E</u> , NMPM, <u>Chaves</u> 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"/> <u>Permian Corp.</u> | Address (Give address to which approved copy of this form is to be sent) <u>Houston, Texas 77001</u> | | | | | |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>N.D.</u> | 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 <u>XJ</u> | Sec. <u>9</u> | Twp. <u>11S</u> | Rge. <u>28E</u> | Is gas actually connected? | When |

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 <u>8-10-78</u> | Date Compl. Ready to Prod. <u>9-1-78</u> | Total Depth <u>2298 ft.</u> | | P.B.T.D. <u>2257 ft.</u> | | | | | |
| Elevations (DF, RKB, RT, GR, etc.) <u>GL 3730.79</u> | Name of Producing Formation <u>San Andres</u> | | Top Oil/Gas Pay <u>2246 ft.</u> | | Tubing Depth <u>22</u> <u>2150 ft.</u> | | | | |
| Perforations <u>2/ft. 2246-52; 2265-70; 2204-12; 1/ft. 2256-58</u> | | Depth Casing Shoe <u>2298</u> | | | | | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | | |
| <u>11"</u> | <u>8 5/8</u> | | <u>316 ft.</u> | | <u>175 sx, 2% CC</u> | | | | |
| <u>7 7/8</u> | <u>4 1/2</u> | | <u>2298</u> | | <u>300 sx, 50/50 per</u> | | | | |
| <u>4 1/2</u> | <u>2 3/8</u> | | <u>2150</u> | | <u>-</u> | | | | |

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 <u>8-25-78</u> | Date of Test <u>9-1-78</u> | Producing Method (Flow, pump, gas lift, etc.) <u>pump</u> | |
| Length of Test <u>2 hrs.</u> | Tubing Pressure <u>15#</u> | Casing Pressure <u>15#</u> | Choke Size <u>none</u> |
| Actual Prod. During Test <u>23 bbls.</u> | Oil - Bbls. <u>23</u> | Water - Bbls. <u>9</u> | Gas - MCF <u>50 MCF</u> |

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.

Senita Pool
(Signature)
Secretary
(Title)
9-8-78
(Date)

OIL CONSERVATION COMMISSION

APPROVED OCT 3 1978
BY W.A. Gussitt
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 multiple