NEW MEAS JOIL CONSERVATION CON. SION Form C-104 ANTA FE REQUEST FOR ALLOWABLE Supersedes Old C-104 and C-110 TILE Effective 1-1-65 AND U.S.G.5. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS LAND OFFICE OIL TRANSPORTER G A S RECEIVED **OPERATOR** PRORATION OFFICE OCT 2 1978 Plains Radio Broadcasting Co. O. C. C. 327 J.P. White Bldg, Roswell, N.M. 88201 ARTESIA, OFFICE Reason(s) for filing (Check proper box) Other (Please explain) Change in Transporter of: Recompletion 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 Well No. Pool Name, Including Formation Kind of Lease L.E.Ranch 16 5 E.Chisum, S.A. State State, Federal or Fee Location 1650 Feet From The Unit Letter B __Line and 330 Feet From The 16 Line of Section Township Range NMPM. III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil Address (Give address to which approved copy of this form is to be sent) Permian Corporation Houston, Texas, 77001 Name of Authorized Transporter of Casinghead Gas Address (Give address to which approved copy of this form is to be sent) or Dry Gas Sec. Unit Twp. Rge. Is gas actually connected? If well produces oil or liquids, give location of tanks. B 16 11S | 28E If this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA Oil Well Gas Well New Well Same Res'v. Diff. Res'v Plug Back Designate Type of Completion - (X) x X Total Depth Date Compl. Ready to Prod. P.B.T.D. 8-20-78 2259 ft 2251 ft 9-2-78 Elevations (DF, RKB, RT, GR, etc., Name of Producing Formation Top Oil/Gas Pay Tubing Depth 2180 ft. 2163 ft. 3798.5 GL San Andres Perforations Depth Casing Shoe 1/ft. 2197-2207; 2184-2189; 2226-2231 ft. TUBING CASING, AND CEMENTING BECORD CASING & TUBING SIZE HOLE SIZE DEPTH SET SACKS CEMENT 8 5/8 11" ft. 150 sx, Class C 2% CC 4章 7/8 200 sx Class C neat 2 3/8 TEST DATA AND REQUEST FOR ALLOWABLE (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) OIL WELL Date of Test Producing Method (Flow, pump, gas life_etc.) Date First New Oil Run To Tanks 9-3-78 pump 9**-3-**78 Choke Size Length of Test Casing Pressure Tubing Pressure 24 15# 15# none hrs. Gas - MCF Oil - Bbls. Water - Bbls. Actual E od. During Test 40 MCF 0 28 28 blbls. **GAS WELL** Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate Casing Pressure (Shut-in) Testing Method (pitot, back pr.) Tubing 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.

But to C	200	
	(Signature)	
Socretary		
9 - 10-Ç3	(Title)	
	(Date)	

OIL CONSERVATION COMMISSION

K2114

County

to OCT APPROVED

TITLE SUPERVISOR, DISTRICT

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or despened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with NULE 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. Sanarata Warms C-104 must be filed for each anal in multiply