

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

DEPT. OFFICE RECEIVED	
DISTRIBUTION	
SANTA FE	T
FILE	I
U.S.D.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
REGISTRATION OFFICE	

Operator Plains Radio Broadcasting Co.	
Address P. O. Box 9354 Amarillo, Texas 79105	
Reason(s) for filing (Check proper box)	designation
New Well <input type="checkbox"/>	<del>Change</del> 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

## I. DESCRIPTION OF WELL AND LEASE

Lease Name L. E. Ranch 16	Well No. 5	Pool Name, including Formation E. Chisum (San Andres)	Kind of Lease State, Federal or Fee State	Lease No. K-2114
Location Unit Letter <u>B</u> : <u>1650</u> Feet From The <u>East</u> Line and <u>330</u> Feet From The <u>North</u> Line of Section <u>16</u> Township <u>11S</u> Range <u>28E</u> , NMPM, Chaves County				

## II. 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, TX					
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? yes	When 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 Res'v. <input type="checkbox"/> Diff. R. <input type="checkbox"/>	
Date Spudded 8-20-78	Date Compl. Ready to Prod. 9-2-78	Total Depth 2259'	P.B.T.D. 2251'
Elevations (DF, RAB, RT, GR, etc.) 3708.5 GL	Name of Producing Formation San Andres	Top Oil/Gas Pay 2180'	Tubing Depth 2163'
Perforations 1/ft. 2197-2207; 2184-2189; 2226-2231 ft.			Depth Casing Shoe - 2259'
TUBING, CASING, AND CEMENTING RECORD			
PIPE SIZE 11"	CASING & TUBING SIZE 8-5/8"	DEPTH SET 291 ft.	SACKS CEMENT 150 sx, class C 2% CC
7-7/8"	4 1/2"	2259 ft.	200sx, class C Neat
	2-3/8"	263 ft.	

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 greater than allowable for this depth or be for full 24 hours)

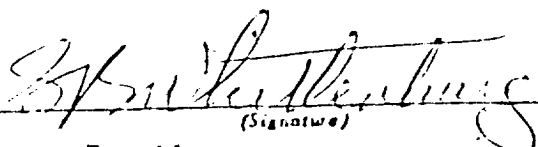
Date First New Oil Run To Tanks 9-3-78	Date of Test 9-3-78	Producing Method (Flow, pump, gas lift, etc.) traveling barrel pump	
Length of Test 24 hrs.	Tubing Pressure 15#	Casing Pressure 15#	Choke Size none
Actual Prod. During Test 28 bbls.	Oil-Bbls. 28	Water-Bbls. -0-	Gas-MCF 40 MCF

## GAS WELL

Actual Prod. Test MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shot-in)	Casing Pressure (Shot-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 1981BY W. A. GressettTITLE INTERVIEW, C-104, 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 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.