

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

RECEIVED

SEP 29 1981

O. C. D.

AM. ENV. OFFICE

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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DISTRIBUTION	
SANTA FE	/
FILE	/
U.S.O.B.	
LAND OFFICE	
TRANSPORTER	
OIL	/
GAS	/
OPERATION	/
PRODUCTION OFFICE	

Operator

Plains Radio Broadcasting Co. /

Address

P. O. Box 9354 Amarillo, Texas 79105

Reason(s) for filing (Check proper box)

New Well ☐
Recompletion ☐
Change in Ownership ☐

designation

Change in Transporter of:

Oil ☐ Dry Gas ☐
Casinghead Gas ☒ Condensate ☐

Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name L. E. Ranch 16	Well No. 9	Pool Name, Including Formation E. Chisum (San Andres)	Kind of Lease State, Federal or Fee State	Lease No. K-2114
Location Unit Letter <u>K</u> : <u>2200</u> Feet From The <u>South</u> Line and <u>1650</u> Feet From The <u>West</u> Line of Section <u>16</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"/> The Permian Corp. <u>Permian (Est. 9/1/87)</u>	Address (Give address to which approved copy of this form is to be sent) Houston, Texas	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Mapco Production Co.	Address (Give address to which approved copy of this form is to be sent) 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 <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Restv. <input type="checkbox"/>	Diff. Restv. <input type="checkbox"/>
Date Spudded 9-7-78	Date Compl. Ready to Prod. 3-21-79		Total Depth 2400'		P.B.T.D. 2250'			
Elevations (DF, RKB, RT, GR, etc.) 3675 GR	Name of Producing Formation San Andres		Top Oil/Gas Pay 2091'		Tubing Depth			
Perforations Intend to perforate one ft. at: 2091, 2097, 2105, 2110, 2125, 2131, 2135, 2140, 2152, 2157, 2174, 2182, 2185, 2190, 2194, 2199, 2202 and 2204 ft.					Depth Casing Shoe 2400'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17"	13 3/8		315'		250 SX			
11"	8 5/8		2400'		200 SX			

IV. 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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

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

V. 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

September 25, 1981

(Signature)

(Title)

(Date)

OIL CONSERVATION DIVISION

OCT 28 1981

APPROVED

BY

SUPERVISOR, DISTRICT II

TITLE

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 multiply completed wells.