

OIL CONSERVATION DIVISION  
 P.O. Box 2088  
 Santa Fe, New Mexico 87504-2088

RECEIVED

Form C-104  
 Revised 1-1-89  
 See Instructions  
 at Bottom of Page

DEC 10 '90

O. C. D.  
ARTESIA, OFFICE

C/SF  
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 up

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
 TO TRANSPORT OIL AND NATURAL GAS

I. Operator  
 Plains Radio Petroleum Co.  
 Well API No. 30-005-60523  
 Address  
 P. O. Box 9354 Amarillo, Tx 79105  
 Reason(s) for Filing (Check proper box)  
 New Well ☐ Change in Transporter of: ☐ Other (Please explain)  
 Recompletion ☐ Oil ☐ Dry Gas ☐  
 Change in Operator ☒ Casinghead Gas ☐ Condensate ☐  
 If change of operator give name and address of previous operator  
 Plains Radio Broadcasting Co. P. O. Box 9354 Amarillo, Tx 79105

II. DESCRIPTION OF WELL AND LEASE

Lease Name L. E. Ranch 9 Well No. 6 Pool Name, including Formation Chisum San Andres East  
 Kind of Lease State, Federal or Fee Lease No.  
 Location  
 Unit Letter H : 2310 Feet From The North Line and 330 Feet From The East Line  
 Section 9 Township 11S Range 28E, NMM, Chaves County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate ☐ SCURLOCK PERMIAN CORP EFF 9-1-91  
 Permian Operating Limited Partnership Address (Give address to which approved copy of this form is to be sent)  
 P. O. Box 1183 Houston, Tx 77251-1183  
 Name of Authorized Transporter of Casinghead Gas or Dry Gas ☐  
 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 J Sec. 9 Twp. 11S Rge. 28E 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 Gas Well New Well Workover Deepen Plug Back Same Res'v Diff Res'v  
 Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.  
 Elevation (D.F., R.A.B., R.T., etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth  
 Perforations Depth Casing Shoe  
 TUBING, CASING AND CEMENTING RECORD  
 HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT  
 Port ID-3  
 12-21-90  
 chg op.

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 Tank 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

VI. OPERATOR 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.

Signature Basil E. Walker, Jr. V. P.  
 Printed Name Title  
 Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved DEC 14 1990

By ORIGINAL SIGNED BY  
 MIKE WILLIAMS  
 Title SUPERVISOR, DISTRICT II

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.