

DISTRIBUTION	
SANTA FE	1
FILE	1
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL 1
	GAS
OPERATOR	3
PRORATION OFFICE	

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-110
Effective 1-1-65

RECEIVED

MAR 23 1979

Operator Plains Radio Broadcasting Co.	
Address 327 J P White Bldg. Roswell, N.M.88201	
Reason(s) for filing (Check proper box) New Well <input checked="" type="checkbox"/> Change in Transporter of: Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Ownership <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
Other (Please explain) CASINGHEAD GAS MUST NOT BE FLARED AFTER 5-1-79 UNLESS AN EXCEPTION TO Rule 306 IS OBTAINED	

If change of ownership give name
and address of previous owner

NFO 2-320

II. DESCRIPTION OF WELL AND LEASE

Lease Name L.E. Ranch 16	Well No. 6	Pool Name, including Formation E. Chisum, S A	Kind of Lease State, Federal or Fee State	Lease No. K 2114
Location Unit Letter I 2310 Feet From The S Line and 990 Feet From The E Line of Section 16 Township 11S Range 28E, NMPM, Chaves 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"/> Permian Corporation	Address (Give address to which approved copy of this form is to be sent) Houston, Texas					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> none	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 I	Sec. 16	Twp. 11S	Rge. 28E	Is gas actually connected? No	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	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
Date Spudded 10-13-78	Date Compl. Ready to Prod. 12-30-78	Total Depth 2820	P.B.T.D. 2807					
Elevations (DF, RKB, RT, GR, etc.) 3691.85 GL	Name of Producing Formation San Andres	Top Oil/Gas Pay 2616	Tubing Depth 2502					
Perforations 2616 - 2623 2/ft.	Depth Casing Shoe 2784							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE 11"	CASING & TUBING SIZE 8 5/8"		DEPTH SET 305'		SACKS CEMENT 150 sx, CL C			
7 7/8"	5 1/2"		2820 ft.		225 sx, poz mix.			

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 12-31-78	Date of Test 12-31-78	Producing Method (Flow, pump, gas lift, etc.) pump	
Length of Test 24hrs.	Tubing Pressure 15#	Casing Pressure 15#	Choke Size none
Actual Prod. During Test 28	Oil-Bbls. 28	Water-Bbls. 0	Gas-MCF 40 MCF

Perforated
20-24 inch
3-30-79
PEAF

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.

Santa Fe
(Signature)
Secretary
(Title)
2/1/79
(Date)

OIL CONSERVATION COMMISSION

APPROVED MAR 26 1979
BY W.A. Guesett
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