

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-1-78

RECEIVED

SEP 29 1981

O. C. D.
ARTESIAL OFFICEREQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	1
FILE	1
U.S.U.B.	
LAND OFFICE	
TRANSPORTER	OIL 1 GAS 1
OPERATOR	1
PRODUCTION OFFICE	

Operator
Plains Radio Broadcasting Co. /

Address
P.O. Box 9354 Amarillo, Texas 79105

Reason(s) for filing (Check proper box)	designation	Other (Please explain)
New Well <input type="checkbox"/>	Designation of 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 _____

2. DESCRIPTION OF WELL AND LEASE

Lease Name L. E. Ranch 16	Well No. 6	Pool Name, including Formation E. Chisum (San Andres)	Kind of Lease State, Federal or Fee State	Lease No. K-2114
Location Unit Letter <u>I</u> ; <u>2310</u> Feet From The <u>South</u> Line and <u>990</u> Feet From The <u>East</u>				
Line of Section <u>16</u> Township <u>11S</u> Range <u>28E</u> , NMPM, Chaves County				

3. 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. Permian (En. 9/1/87)	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?		When		
yes		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. Res'v. <input type="checkbox"/>
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	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
11"	8-5/8	305'	150 sx, Cl C
7-7/8	5 1/2	2820'	225 sx, poz.

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 24 hrs.	Tubing Pressure 15#	Casing Pressure 15#	Choke Size none
Actual Prod. During Test 28	Oil-Bbls. 28	Water-Bbls. -0-	Gas-MCF 40

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

4. 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]
(Signature)

President

(Title)

September 25, 1981

(Date)

OIL CONSERVATION DIVISION

APPROVED SEP 28 1981 19BY W. A. Gressett
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 1, 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.