| Submit 5 Copies Appropriate District Office <u>DISTRICT 1</u> P.O. Box 1980, Hobbs, NM 88240 | Energy, Mins | State of New Mexico Energy, Minerals and Natural Resources Damment | | | | Form C-104 Revised 1-1-89 See Instructions |
|--|---|---|---|---------------------------------------|--|--|
| DISTRICT II P.O. Drawer DD, Antesia, NM 88210 | OIL CO | NSERV, P.O. I | ATION DIVISI Box 2008 | | | at Bottom of Page |
| DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 874. | 10 | Fe, New M | Mexico 87504-2088 | | DEC 10'90 | CPT |
| I. Operator | REQUEST FOR | ALLOWA | BLE AND AUTHOP | GAS ' | URIESIA, OFFICE | Op |
| Plains Radio Petr | oleum Co. | | | | API No. | |
| Address P.O. Box 9354 | Amarillo, Tx 79 | 9105 | | | -005-60525 | |
| Reason(s) for Filing (Check proper box | | | Other (Please exp | nlaim) | | |
| New Well | Change in Tran | | | <i>лци</i>) | | |
| Change in Operator | | Gas | | | | |
| If change of operator give name and address of previous operator P | lains Radio Broado | casting (| Co. P. O. Box 9 | | rillo, Tx | 79105 |
| U. DESCRIPTION OF WEL | | | | | | |
| L. E. Ranch 16 | Well No. Pool Name, Inclu | | | | of Lease | Lease No. |
| Location | 6 <u>Ct</u> | isum Sar | n Andres East | State | Federal or Fee | K-2114 |
| Unit LetterI | :2310Feet | From The | South Line and 990 | F | eet From The | EastLine |
| Section 16 Toward | | 205 | | Chaves | | |
| | | ······· | , NMPN (, | | | County |
| III. DESIGNATION OF TRA Name of Authonized Transporter of Oil | | ND NATU | | | ERMIAN CORP E | |
| PermianOperating Lim | ited 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 Cas | inghead Gas or D | ry Gas | Address (Give address to w | | | |
| if well produces oil or liquids, | Uait Sec. Twp. | Rge. | Is gas actually connected? | When | ? | |
| give location of tanks. If this production is commingled with the | B 16 11S | | | i | | |
| IV. COMPLETION DATA | at nom any other itese or poor, j | give commingli | lag order number: | | | |
| Designate Type of Completion | Oil Well | Gas Well | New Well Workover | Deepen | Plug Back Sam | e Res'v Diff Res'v |
| Date Spudded | Date Compl. Ready to Prod. | | Total Depth | <u> </u> | P.B.T.D. | l |
| Elevations (DF, RKB, RT, GR, etc.) | | | | | 1.0.1.0. | |
| vations (DF, RKB, RT, GR, etc.) Name of Producing Formation | | na i | Top Oil/Gas Pay Tubing | | Tubing Depth | |
| Perforations | | | l | | Depth Casing Sho | × |
| | TUBING, CAS | ING AND | CEMENTING RECOR | D | | |
| HOLE SIZE | CASING & TUBING | | DEPTH SET | | SACKS CEMENT | |
| | | | | | | |
| <u> </u> | | | | | Post I | p-3 |
| | | | · · · · · · · · · · · · · · · · · · · | · · · · · · · · · · · · · · · · · · · | 12-21 | p-3 -50 |
| | | | | · · · · · · · · · · · · · · · · · · · | | p-3 -50 |
| | | | be equal to or exceed top allo | owable for this |)2-31 chg | р-3 -50 ар |
| OIL WELL (Test must be after | EST FOR ALLOWABLE recovery of total volume of load Date of Test | t oil and must l | be equal to or exceed top allo Producing Method (Flow, pu | |)2-31 | р-3 -50 ар |
| OIL WELL (Test must be after Date First New Oil Run To Tank | Date of Test | t oil and must l | Producing Method (Flow, pu | |)2 -3] chg depih or be for fu | р-3 -50 ар |
| OIL WELL (Test must be after Date First New Oil Run To Tank Length of Test | recovery of total volume of load Date of Test Tubing Pressure | t oil and must l | Producing Method (Flow, pu Casing P. essure | |)2 - 2] c dzpih or be for fu ic.) Choke Size | р-3 -50 ар |
| OIL WELL (Test must be after Date First New Oil Run To Tank Length of Test | Date of Test | t oil and must l | Producing Method (Flow, pu | |)2 -3] chg depih or be for fu | р-3 -50 ар |
| OIL WELL (Test must be after Date First New Oil Run To Tank Length of Test Actual Prod. During Test | recovery of total volume of load Date of Test Tubing Pressure | t oil and must l | Producing Method (Flow, pu Casing P. essure | |)2 - 2] c dzpih or be for fu ic.) Choke Size | р-3 -50 ар |
| OIL WELL (Test rowst be after Date First New Oil Run To Tank Length of Test Actual Prod. During Test GAS WELL | recovery of total volume of load Date of Test Tubing Pressure | t oil and must t | Producing Method (Flow, pu Casing P. essure | |)2 - 2] c dzpih or be for fu ic.) Choke Size | р-3 -50 ар. 1124 hours.) |
| Date First New Oil Run To Tank Length of Test Actual Prod. During Test | recovery of total volume of load Date of Test Tubing Pressure Oil - Bbis. | l oil and must | Producing Method (Flow, pu Casing P. essure Water - Bbls. | |)2 - 3] depth or be for fu ic.) Choke Size Gas- MCF | р-3 -50 ар. 1124 hours.) |
| OIL WELL (Test must be after Date First New Oil Run To Tank Length of Test Actual Prod. During Test GAS WELL Actual Prod. Test - MCF/D Festing Method (pitot, back pr.) | recovery of total volume of load Date of Test Tubing Pressure Oil - Bbis. Length of Test Tubing Pressure (Shut-in) | 1 oil and must | Producing Method (Flow, pu Casing P essure Water - Bbls. Bbls. Condensate/MMCF | |)2 - 2] depth or be for function tc.) Choke Size Gas- MCF Gravity of Conde | р-3 -50 ар. 1124 hours.) |
| OIL WELL (Test must be after Date First New Oil Run To Tank Length of Test Actual Prod. During Test GAS WELL Actual Prod. Test - MCF/D Festing Method (pitot, back pr.) VI. OPERATOR CERTIFIC I hereby certify that the rules and regu Division have been complied with and | recovery of total volume of load Date of Test Tubing Pressure Oil - Bbls. Length of Test Tubing Pressure (Shut-in) CATE OF COMPLIAI ulations of the Oil Conservation d that the information given abov | l oil and must | Producing Method (Flow, pu Casing P essure Water - Bbls. Bbls. Condensate/MMCF Casing Pressure (Shut-in) OIL CCN | ISE RV |)2 - 3 / depth or be for fu tc.) Choke Size Gas- MCF Gravity of Conde Choke Size ATION DIN | <u>р-3</u> -50 ар- 11 24 hours.) |
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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 fil ed out for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
Separate Form C-104 must be filed for each pool in multiply completed wells