

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

RECEIVED

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

DEC 03 '87

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SANTA FE	<input checked="" type="checkbox"/>
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U.S.O.B.	
LAND OFFICE	
TRANSPORTER	<input checked="" type="checkbox"/>
OIL	<input checked="" type="checkbox"/>
GAS	<input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
PRODUCTION OFFICE	
Operator	

Plains Radio Broadcasting Company

O. C. D.
ARTS & CRAFTS

Address
P.O. Box 1393, Roswell, N.M. 88201

Reason(s) for filing (Check proper box)

New Well ☒ Change In Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change In Ownership ☐ 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 Camel State	Well No. 3	Pool Name, Including Formation Four Ranch Pre-Permian	Kind of Lease State, Federal or Fee State	Lease L. 564
Location Unit Letter H : 1980 Feet From The North Line and 660 Feet From The East Line of Section 7 Township 9S Range 27E, NMPM, Chaves				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Transwestern Pipeline	P.O. Box 1188 Houston, Texas 77001					
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 7	Twp. 9S	Rge. 27E	Is gas actually connected? NO YES	When 1-12-85

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't.	Other
		X						
Date Spudded 9-24-87	Date Compl. Ready to Prod. 11-09-87	Total Depth 6369'	P.B.T.D. 6300'					
Elevations (DF, RAB, RT, GR, etc.) 3864' Gr	Name of Producing Formation Penn	Top Oil/Gas Pay 6212-	Tubing Depth 6115					
Perforations 6212-6220			Depth Casing Shoe					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4	8 5/8	1018'	400 sx HLC 300
			C1 C, 2% CaCl.
7 7/8	5 1/2	6369'	700 sx 50/50 P02
	2 3/8	6115	

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
able for this depth or be for full 24 hours)

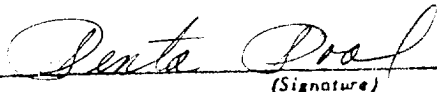
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D 64.8	Length of Test 4hrs.	Bbls. Condensate/MMCF 0	Gravity of Condensate
Testing Method (pilot, back pr.) 4 point	Tubing Pressure (Shut-in) Vari	Casing Pressure (Shut-in) 0	Choke Size 0

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.


(Signature)

Vice President

(Title)

12-1-87

(Date)

OIL CONSERVATION DIVISION

APPROVED FEB 24 1988, 19

BY Original Signed By
Mike Williams
TITLE Oil & Gas Inspector

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deep
well, this form must be accompanied by a tabulation of the dev
tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for a
able on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of a
well name or number, or transporter, or other such change of condi

Separate Forms C-104 must be filed for each pool in mul
completed wells.