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State of New Mexico
Energy, Minerals and Natural Resources Department

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

MAR 27 '89

O. C. D.

ARTESIA OFFICE

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator <u>Plains Radio Broadcasting, Corp.</u>		Well API No.
Address <u>P.O. Box 1393, Roswell, NM 88202-1393</u>		
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	Multiple Completion
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of operator give name
and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Camel State</u>	Well No. <u>4</u>	Pool Name, Including Formation <u>N. Four Ranch Penn.</u>	Kind of Lease <u>State, Federal, or Private</u>	Lease No. <u>L-5441</u>
Location Unit Letter <u>A</u> : <u>1250</u> Feet From The <u>North</u> Line and <u>1250</u> Feet From The <u>East</u> Line Section <u>6</u> Township <u>9S</u> Range <u>27E</u> , NMPM, <u>Chaves</u> County				

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 type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
<u>Transwestern Pipeline Co. (Enron)</u>	<u>P.O. Box 1188 Houston, TX 77001</u>					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected? <u>Yes</u>	When? <u>3/24/89</u>

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
		X						X
Date Spudded <u>2/11/88</u>	Date Compl. Ready to Prod. <u>3/24/89</u>	Total Depth <u>6520</u>		P.B.T.D. <u>6478</u>				
Elevations (DF, RKB, RT, GR, etc.) <u>3921 GR</u>	Name of Producing Formation <u>ABO</u>	Top Oil/Gas Pay <u>5104</u>		Tubing Depth <u>6169</u>				
Perforations <u>5104 - 5114</u>					Depth Casing Shoe <u>6520</u>			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT				
<u>12 1/4"</u>	<u>8 5/8"</u>	<u>1038</u>		<u>985</u> <u>Post ID-2</u>				
<u>7 7/8"</u>	<u>5 1/2"</u>	<u>6520</u>		<u>700</u> <u>4-7-89</u>				
	<u>2 3/8"</u>	<u>6169</u>		<u>ump Abo</u>				

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 <u>1295</u>	Length of Test <u>24 Hours</u>	Bbls. Condensate/MMCF <u>0</u>	Gravity of Condensate <u>0</u>
Testing Method (pilot, back pr.) <u>Back Pressure</u>	Tubing Pressure (Shut-in) <u>1010</u>	Casing Pressure (Shut-in) <u>1010</u>	Choke Size <u>1 1/2"</u>

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 Fred F. Pool, III Engineer
Printed Name
Date 3/24/89 Telephone No. 623-8202

OIL CONSERVATION DIVISION

Date Approved MAR 28 1989

By Original Signed By
Mike Williams

Title

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 transporter, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.