

DISTRIBUTION	
SANTA FE	/
FILE	/
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL /
	GAS
OPERATOR	/
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

OCT 2 1978

I. Operator **Plains Radio Broadcasting Co.**  
Address **327 J.P. White Bldg. 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 <b>L.E. Ranch 9</b>	Well No. <b>4</b>	Pool Name, Including Formation <b>E.Chisum, S.A.</b>	Kind of Lease State, Federal or Fee <b>- Fee</b>	Lease No.
Location Unit Letter <b>J</b> ; <b>1650</b> Feet From The <b>S</b> Line and <b>1650</b> Feet From The <b>E</b> Line of Section <b>9</b> Township <b>11S</b> Range <b>28E</b> , NMPM, <b>Chaves</b> 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"/> <b>Permian Corp.</b>	Address (Give address to which approved copy of this form is to be sent) <b>Houston, Texas 77001</b>					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>None</b>	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 <b>8E</b>	Sec. <b>9</b>	Twp. <b>11S</b>	Rge. <b>28E</b>	Is gas actually connected?	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'v.	Diff. Res'v.
Date Spudded <b>4-19-78</b>	Date Compl. Ready to Prod. <b>4-25-78</b>		Total Depth <b>2236 ft.</b>		P.B.T.D. <b>Open hole</b>			
Elevations (DF, RKB, RT, GR, etc.) <b>3713.9 GL</b>	Name of Producing Formation <b>San Andres</b>		Top Oil/Gas Pay <b>2133</b>		Tubing Depth <b>2020 ft.</b>			
Perforations <b>Open Hole 2133- 2236 ft.</b>				Depth Casing Shoe				
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<b>11"</b>	<b>8 5/8</b>		<b>305 ft.</b>		<b>150 sx, Class H 2% CC</b>			
<b>7 7/8</b>	<b>4 1/2</b>		<b>2133 ft.</b>		<b>350 sx, 50/50 poz</b>			
<b>7 7/8</b>	<b>2 2/8</b>		<b>2020 ft.</b>					

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 <b>8-1-78</b>	Date of Test <b>8-1-78</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Pump</b>	
Length of Test <b>24 hrs.</b>	Tubing Pressure <b>15#</b>	Casing Pressure <b>15#</b>	Choke Size <b>none</b>
Actual Prod. During Test <b>16</b>	Oil - Bbls. <b>16</b>	Water - Bbls. <b>0</b>	Gas - MCF <b>40MCF</b>

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.

OIL CONSERVATION COMMISSION

OCT 3 1978

APPROVED \_\_\_\_\_, 19

BY **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 well, this form must be accompanied by a table of production tests taken on the well in accordance with

All sections of this form must be filed and completed on new and recompleted wells.

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

Separate Forms C-104 must be filed for each