

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

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

RECEIVED BY
MAR 21 1986
O. C. AUTHORIZATION
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE
AND
O. C. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Plains Radio Broadcasting Company	
Address P.O. Box 9354 Amarillo, Texas 79105	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

Lease Name Camel State	Well No. 2	Pool Name, Including Formation N. Fox Ranch Pool	Kind of Lease State, Federal or Fee	State State	Lease L544
Location					
Unit Letter K ; 1980 Feet From The South Line and 1980 Feet From The West					
Line of Section 6 Township 9S Range 27E, NMPM, Chaves Co					

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)				
Transwestern Pipeline Co.					
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 Co.	P.O. Box 1188 Houston, Texas 77001				
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 6	Twp. 9S	Rge. 27E	Is gas actually connected? When no Yes 5-21-86

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 type="checkbox"/>	Gas Well <input checked="" type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. Diff. <input type="checkbox"/>
Date Spudded 12-26-85	Date Compl. Ready to Prod. 2-25-86		Total Depth 6510		P.B.T.D. 6400		
Elevations (DF, RAB, RT, GR, etc.) 3888 Gr	Name of Producing Formation Penn.		Top Oil/Gas Pay 6220		Tubing Depth 6135		
Perforations 6220-50 ft.					Depth Casing Shoe		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4	8 /58	1015	600 sx
7 7/8	5 1/2	6510	300 sx
	2 3/8	6135	

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 10,137	Length of Test 4hrs.	Bbls. Condensate/MMCF 0	Gravity of Condensate
Testing Method (pilot, back pr.) 4 pt. B.P.	Tubing Pressure (Shut-in) 2007	Casing Pressure (Shut-in) 0	Choke Size variable

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.

Fred F. Pool Jr.
(Signature)

Petroleum Engineer
(Title)

3-11-86
(Date)

OIL CONSERVATION DIVISION

OCT 23 1986

APPROVED _____, 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 devit tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for all able on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of oil well name or number, or transporter, or other such change of condi.
Separate Forms C-104 must be filed for each pool in multi-completed wells.