

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

| | |
|------------------------|------------|
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| DISTRIBUTION | |
| SANTA FE | |
| FILE | |
| U.S.G.A. | |
| LAND OFFICE | |
| TRANSPORTER | OIL GAS |
| OPERATOR | |
| PRODUCTION OFFICE | |
| Operator | |

EL RAN, INC.

Address

P. O. BOX 911

LUBBOCK, TEXAS 79408

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"/> |
| Change in Ownership | <input type="checkbox"/> | Casinghead Gas | <input type="checkbox"/> |
| | | Dry Gas | <input type="checkbox"/> |
| | | Condensate | <input type="checkbox"/> |

Other (Please explain)

**CASINGHEAD GAS MUST NOT BE
FLARED AFTER 4-2-86
UNLESS AN EXCEPTION TO R-4070
IS OBTAINED.**Change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

| | | | | |
|------------|----------|--------------------------------|-----------------------------|-------|
| Lease Name | Well No. | Pool Name, Including Formation | Kind of Lease | Lease |
| LL&E | 1 | Flying M San Andres | State, Federal or Fee State | |

Location

Unit Letter P ; 660 Feet From The East Line and 860 Feet From The SouthLine of Section 7 Township 9S Range 33E , NMPM, LEA County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐
PHILLIPS PETROLEUM COMPANY Address (Give address to which approved copy of this form is to be sent)
4001 PENBROOK ODESSA, TEXAS 79762Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐ Address (Give address to which approved copy of this form is to be sent)

| | | | | | | |
|--|------|------|------|------|----------------------------|------|
| Well produces oil or liquids, give location of tanks. | Unit | Sec. | Twp. | Rge. | Is gas actually connected? | When |
| | P | 7 | 9S | 32E | NO | NA |

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 ☒ Gas Well ☐ New Well ☒ Workover ☐ Deepen ☐ Plug Back ☐ Same Res't. ☐ Diff. ☐

| | | | |
|--------------|----------------------------|-------------|----------|
| Date Spudded | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. |
| 1/4/86 | 2/1/86 | 4500' | 4460' |

| | | | |
|------------------------------------|-----------------------------|-----------------|--------------|
| Elevations (DF, RKB, RT, CR, etc.) | Name of Producing Formation | Top Oil/Gas Pay | Tubing Depth |
| 4403.1 | San Andres | 4388 | 4 |

| | |
|--|-------------------|
| Perforations | Depth Casing Shoe |
| 4388, 90, 91, 96, 98, 99, 4408, 11, 16, 23, 28, 30, 38, 40 | 4500 |

TUBING, CASING, AND CEMENTING RECORD

| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
|-----------|----------------------|-----------|--------------|
| 12 | 8 5/8 24# | 1847 | 700 SKS |
| 7 7/8 | 4 1/2 10.5# | 4500 | 350 sks |

TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top of well 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.) |
| 2/2/86 | 2/3/86 | Pump |

| | | | |
|----------------|-----------------|-----------------|------------|
| Length of Test | Tubing Pressure | Casing Pressure | Choke Size |
| 24 hr | 0 | 0 | 2" |

| | | | |
|--------------------------|-----------|-------------|---------|
| Actual Prod. During Test | Oil-Bbls. | Water-Bbls. | Gas-MCF |
| 141 | 41 | 100 | TSTM |

AS WELL

| | | | |
|-------------------------|----------------|-----------------------|-----------------------|
| Actual Prod. Test-MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate |
| | | | |

| | | | |
|----------------------------------|---------------------------|---------------------------|------------|
| Testing Method (prior, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size |
| | | | |

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)

February 7, 1986

(Date)

OIL CONSERVATION DIVISION

APPROVED **FEB 25 1986**, 19BY **Eddie W. Seay**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 deepened well, this form must be accompanied by a tabulation of the device tests taken on the well in accordance with RULE 111.

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

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

Separate Form C-104 must be filed for each pool in multi-completed wells.

RECEIVED
FEB 24 1986
O.C.C.
HOBBS OFFICE