

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

DISTRIBUTION	
SALE	
FILE	
REG.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

I. OPERATOR
Operator EL R N INC.
Address c/o J.W. RANCK 1603 BROADWAY, LUBBOCK, TEXAS 79401
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of: Oil ☐ Dry Gas ☐
Recompletion ☐ Casinghead Gas ☐ Condensate ☐
Change in Ownership ☐ Other (Please explain) _____
If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>PLAGER</u>	Well No. <u>2</u>	Pool Name, Including Formation <u>CHAVEROO (SA)</u>	Kind of Lease <u>FILE</u>	Lease No. _____
Location Unit Letter <u>N</u> <u>660</u> <u>S</u> <u>2310</u> Feet From The _____ Line and _____ Feet From The _____ Line of Section <u>35</u> Township <u>7-S</u> Range <u>32</u> <u>ROOSEVELT</u> County _____				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <u>SUMMIT GAS COMPANY</u> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent.) <u>2510 W. FRONT ST., MIDLAND, TEXAS 79701</u>
Name of Authorized Transporter of Casinghead Gas <u>CITIES SERVICE OIL CO.</u> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent.) <u>P.O. BOX #300, TULSA, OKLAHOMA 74102</u>
If well produces oil or liquids, give location of tanks. Unit <u>K</u> Sec <u>35</u> Twp <u>7-S</u> Rng <u>32</u>	Is gas actually connected? <u>Yes</u> When <u>October 1975</u>

If this production is commingled with that from any other lease or pool, give commingling order number: _____

IV. COMPLETION DATA

See Completion Data from 7-23-74: C-104

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth			P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Test Oil/Gas Pay			Tubing Depth				
Perforations					Depth Casing Shoe				
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				

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	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	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.

Robert Ranck
(Signature)

Agent
(Title)

3-31-77
(Date)

OIL CONSERVATION COMMISSION

APPROVED APR 8 1977, 19 _____

BY Jerry Sexton
Orig. Signed by

TITLE Dist 1, Supv.

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 deviation tests taken on the well in accordance with RULE 111.

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

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

RECEIVED

1977

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