JISTRIBUTION SA TA FE	REQUE:	L CONSERVATION COMM ST FOR ALLOWABLE AND	Supersedes Old C-104 and C-1 Effective 1-1-65				
G.S. D OFFICE I'RANSPORTER OPERATOR I. PRORATION OFFICE	AUTHORIZATION TO T	RANSPORT OIL AND N	ATURAL GAS				
Operator EL RAN, INC.		9					
Address							
6/0 W. W. Ra	nck, 1603 Broadway, Lubbo	ck, Texas 79401					
Reason(s) for filing (Check property New Well	change in Transporter of:	Other (Please	explain)				
Recompletion		Gas					
Change in Ownership	Casinghead Gas Con	densate					
If change of ownership give na and address of previous owner	me						
I. <u>Description of well</u> a	ND LEASE						
Lease Name YEAGER	Well No. Pool Name, Including 4 CHAVEROD	(04)	Kind of Lease Lease No. State, Federal or Fee FEE				
Location Unit Letter	560 U Feet From The	1080					
76	7 0	Line or g	Feet From The5				
	nange	32 Ε , NMFM,	REDSEVELT County				
I. DESIGNATION OF TRANSF Name of Authorized Transporter of	ORTER OF OIL AND NATURAL G	148					
TESORO CRUDE	OIL COMPANY	Access (Give address to 8700 Toop	which approved copy of this form is to be sent!				
Name of Authorized Transporter o	f Casinghead Gas XX or Dry Cas	Address (Give address to	to Dr. San Antonic, Texas 87286 which approved copy of this form is to be sent.				
	e Dil Company	P.O. Box 30	0. Tulas. Dkls 74102				
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	is gas actually connected	When				
If this production is commingle	d with that from any other lease or pool		umber:				
COMPLETION DATA		New Well Workover					
Designate Type of Compl	<b>XXX</b>	XXX	Deepen Plug Bock Same Res'v. Diff. Res'v.				
Date Spudded	Date Compl. Ready to Prod.	To al Depth	P.B.T.D.				
<b>5-24-76</b> Elevations (DF, RKB, RT, GR, et.	6-25-76	4378	4354				
4473.1 GR	San Andres	Tou Cll/Gas Pay	Tubing Depth				
Perforations		4262	4276 Depth Casing Shoe				
4262 - 4326			4376				
HOLE SIZE	CASING & TUBING SIZE	D CEMENTING RECORD					
13 3/4	8 5/8*	DEPTH SET 360	SHORS CEMENT				
7 7/8	4 1/2"	4425	<u>225</u> 125				
	2*	4276	1/3				
TEST DATA AND REQUEST							
OIL WELL	<b>FOR ALLOWABLE</b> (Test must be able for this d	after recovery of total volume epth or be for full 24 hours)	of load oil and must be equal to or exceed top allow-				
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, p	ump, gas lift, etc.)				
6/25/78	6/26/76	Puno					
24	Tubing Pressure	Casing Pressure	Choke Size				
Actual Prod. During Test	Cil-Bbls.	Weter-Bbls.					
60	60	20	150				
CAC WDY -							
GAS WELL Actual Prod. Test-MCF/D	Length of Test	na. – Markal Kara ma Amal Saya ang panakang ang kanang kanang kanang kanang kanang kanang kanang kanang kanang Pang Marka Sanang Sanang Sanang Sanang Sanang Kanang Kanang Kanang Kanang Kanang Kanang Kanang Kanang Kanang Ka					
		Bbit. Condensate/MMCF	Gravity of Condensate				
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in )	Casing Pressure (Sbut-in	) Choke Size				
CERTIFICATE OF COMPLIA	INCE	OIL COI	SERVATION COMMISSION				
I hereby certify that the rules ar	d regulations of the Oil Conservation	APPROVED	17 11				
Commission have been complied	with and that the information given	17	Jultz .				
above is true and complete to	the best of my knowledge and belief.	BY etty- kylon					
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	TITLE STORE	THE THE TRANSFER				
	11/2///	This form is to be	filed in compliance with RULE 1104.				
(1	Vill Vanet.		for allowable for a newly drilled or deepened				
W. W. Ranck, Pi	(nature)	well, this form must be	accompanied by a tabulation of the deviation in accordance with RULE 111.				
	Title)		s form must be filled out completely for allow-				
6/24/76	4 **** (	shie on new and recom					

(Date)

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weit	Fill	out	only	ecomple Section er, or tr	ns I,	II.	ш.	and	VI	for	chang	<b>es</b> o	f ow	ner,

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JUN 29 1978

GL CONSERVATION COULM. HORES, D. M.