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| FILE                   |            |
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| LAND OFFICE            |            |
| TRANSPORTER            | OIL<br>GAS |
| OPERATOR               |            |
| PRODUCTION 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-  
Effective 1-1-65

El Ran, Inc.

Address

1603 Broadway, Lubbock, Texas 79401

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

DESCRIPTION OF WELL AND LEASE

|                 |             |                                |                                |                   |          |          |                   |        |
|-----------------|-------------|--------------------------------|--------------------------------|-------------------|----------|----------|-------------------|--------|
| Location        | Well No.    | Well Name, Including Formation | Kind of Lease                  | Lease No.         |          |          |                   |        |
| U.S.            | 2           | Chaveroo SA                    | State, Federal or Free Federal | 18846             |          |          |                   |        |
| Location        | Unit Letter | K                              | 1650                           | Feet From The FSL | Line and | 2310     | Feet From The FWL |        |
| Line of Section | 34          | Township                       | 7-S                            | Range             | 32-E     | N.M.P.M. | Roosevelt         | County |

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|                                                                                                                          |                                                                          |      |      |      |                            |      |
|--------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|------|------|------|----------------------------|------|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>         | Address (Give address to which approved copy of this form is to be sent) |      |      |      |                            |      |
| Phillips Petroleum Co.                                                                                                   | P. O. Box 791, Midland, Texas 79701                                      |      |      |      |                            |      |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |      |      |      |                            |      |
| Cities Service Company                                                                                                   | P. O. Box 300, Tulsa, Oklahoma 74102                                     |      |      |      |                            |      |
| If well produces oil or liquids,<br>give location of tanks                                                               | Unit                                                                     | Sec. | Twp. | Rge. | Is gas actually connected? | When |
| N                                                                                                                        | 34                                                                       | 7-S  | 32-E | Yes  | 7-6-79                     |      |

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                    | Gas Well        | New Well          | Workover | Deepen | Plug Back | False Rest. | Full Rest. |
| Date Spudded                          | Date Compl. Ready to Prod.  | Total Depth     | P.B.T.D.          |          |        |           |             |            |
| Elevations (in, R.M.D., RT, CR, etc.) | Name of Producing Formation | Top Oil/Gas Pay | Taking Depth      |          |        |           |             |            |
| Perforations                          |                             |                 | Depth Casing Shoe |          |        |           |             |            |

TUBING, CASING, AND CEMENTING RECORD

|           |                      |           |              |
|-----------|----------------------|-----------|--------------|
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
|           |                      |           |              |
|           |                      |           |              |
|           |                      |           |              |

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of lost oil and must be equal to or exceed 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

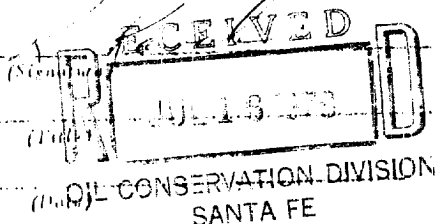
|                           |                           |                           |                       |
|---------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Feet-MCF/D   | Length of Test            | Bbls. Condensate/MSCF     | Gravity of Condensate |
| Tubing Pressure (shut-in) | 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 Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Vice-President

July 9, 1979



OIL CONSERVATION COMMISSION

JUL 19 1979

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

BY \_\_\_\_\_

TITLE \_\_\_\_\_

This form is to be filed in compliance with RULE 1104.

If this be a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the well test data taken on the well in accordance with RULE 1101.

All editions of this form must be filled out completely and filed with the Commission and the appropriate well file.

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