

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-1-78

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.B.	
LAND OFFICE	
TRANSPORTER	
OIL	
GAS	
OPERATOR	
PRODUCTION OFFICE	

El Ran, Inc.

Address
1603 Broadway, Lubbock, Texas 79401

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
PLACED IN THE
UNLESS AN EXCEPTION TO R-4070
IS OBTAINED

If change of ownership give name
and address of previous owner

THIS WELL HAS BEEN PLACED IN THE POOL
DESCRIBED BELOW. IF YOU DO NOT CONCUR
WITH THIS OFFICE

II. DESCRIPTION OF WELL AND LEASE

Lease Name Barton	Well No. 1	Pool Name, Including Formation Chaveroo (SA) R-6368	Kind of Lease State, Federal or Fee	Fee	Lease No.
Location					
Unit Letter G	: 2200	Feet From The N	Line and 1980	Feet From The E	
Line of Section 34	Township 7-S	Range 32-E	NMPM,	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 Company	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 Services	P. O. Box 300, Tulsa, Oklahoma 74102
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
G 34 7-S 32-E	NO

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	Same Res'v.	Diff. Res'v.
XX			XX					
Date Spudded 1/ 8/80	Date Completed to Prod. 4/15/80	Total Depth 4325'	P.B.T.D. 4312					
Elevations (DF, RKB, RT, GR, etc.) 4474 GR	Name of Producing Formation SA	Top Oil/Gas Pay 3,987	Tubing Depth 4303'					
Perforations 4170, 4182, 4184, 4232, 4235, 4244, 4253, 4278, 4291, 4294			Depth Casing Shoe 4325'					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-3/4	8-5/8	1706	550
7-7/8	4-1/2	4325	175
	2	4303	

III. 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 allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 4/15/80	Date of Test 4/15/80	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hours	Tubing Pressure -0-	Casing Pressure 250	Choke Size 2"
Actual Prod. During Test 25	Oil - Bbls. 25	Water - Bbls. -0-	Gas - MCF TSTM

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

IV. 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.



President

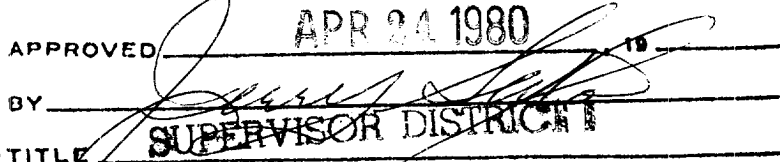
(Signature)

(Title)

April 22, 1980

(Date)

OIL CONSERVATION DIVISION

APPROVED 
BY
TITLE SUPERVISOR DISTRICT I

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.

Separate Forms C-104 must be filed for each pool in multiply recompleted wells.

RECEIVED

APR 23 1980

OIL CONSERVATION DIV.