

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES DESIRED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.B.	
LAND OFFICE	
TRANSPORTER	<input type="checkbox"/> OIL <input type="checkbox"/> GAS
OPERATOR	
PRODUCTION OFFICE	
Operator	

El Ran, Inc.	
Address 1603 Broadway, Lubbock, Texas 79401	
Reason(s) for filing (Check proper box)	Overhead GAS MUST NOT BE FLARED AFTER 6/1/80 UNLESS AN EXCEPTION TO 8-4070 IS OBTAINED.
New Well <input checked="" type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	

If change of ownership give name and address of previous owner _____
THIS WELL HAD BEEN PLACED IN THE POOL
DECLARED BELOW IF YOU DO NOT CONCUR
WITH THIS OFFICE.

DESCRIPTION OF WELL AND LEASE				
Lease Name Bergstrom	Well No. 1	Pool Name, including Formation Chaveroo (SA) R-6368	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter H : 2200 Feet From The N Line and 660 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"/> Phillips Petroleum Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 791, Midland, Texas 79701					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Cities Service	Address (Give address to which approved copy of this form is to be sent) P. O. Box 300, Tulsa, Oklahoma 74102					
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 34	Twp. 7-S	Rge. 32-E	Is gas actually connected? NO	When Soon

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

COMPLETION DATA			
Designate Type of Completion - (X) XX	Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input checked="" type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v. <input type="checkbox"/> Diff. Res'v. <input type="checkbox"/>		
Date Spudded 1/17/80	Date Compl. Ready to Prod. 4/18/80	Total Depth 4324	P.B.T.D. 4322
Elevations (OF, RKB, RT, GR, etc.) 4486 KB	Name of Producing Formation SA	Top Oil/Gas Pay 4138	Tubing Depth 4273
Perforations 4442-4294			Depth Casing Shoe 4323

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE 12-3/4"	CASING & TUBING SIZE 8-5/8"	DEPTH SET 1700	SACKS CEMENT 550
4-1/2"	7-7/8"	4323	175

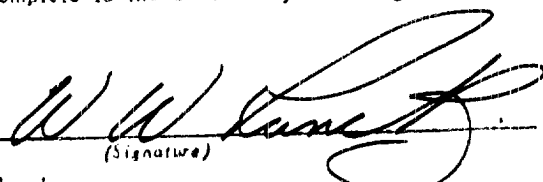
TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 4/18/80	Date of Test 4/18/80	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24	Tubing Pressure 0	Casing Pressure 20	Choke Size 2"
Actual Prod. During Test 28	Oil-Bbls. 2 8	Water-Bbls. 5	Gas-MCF 50

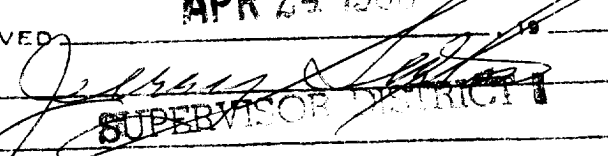
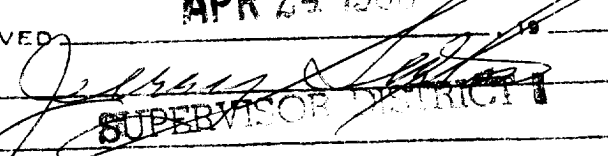
GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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)
President
(Title)
April 22, 1980
(Date)

OIL CONSERVATION DIVISION
APR 24 1980

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.