

NEW MEXICO OIL CONSERVATION COMMISSION  
**REQUEST FOR ALLOWABLE  
 AND  
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS**

Form C-104  
 Supersedes Old C-101 and C-11  
 Effective 1-1-65

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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PROBATION OFFICE	

Operator  
**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"/>

**CONDENSATE (IF ANY) GAS MUST NOT BE  
 FLARED AFTER 9/1/79  
 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 DESIGNATED BELOW. IF YOU DO NOT CONCUR NOTIFY THIS OFFICE.**

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
<b>Phillips Federal</b>	<b>1</b>	<b>Chavero (SA)</b>	State, Federal or Free	<b>13999-A</b>
Location	Unit Letter	Feet From The	Line and	Feet From The
	<b>E</b>	<b>330</b>	<b>East</b>	<b>1980</b>
				<b>South</b>
Line of Section	Township	Range	County	
<b>13</b>	<b>8-S</b>	<b>32-E</b>	<b>Chaves</b>	

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil	Address (Give address to which approved copy of this form is to be sent)
<b>Phillips Petroleum Company</b>	<b>P. O. Box 701, Midland, Texas 79701</b>
Name of Authorized Transporter of Casinghead Gas	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
	<b>No</b>

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	Some Res'n.	Full Res'n.
	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
<b>5-17-79</b>	<b>6-9-79</b>	<b>4478</b>	<b>4477</b>					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
<b>4429.5 Gr.</b>	<b>San Andres</b>	<b>4268</b>						
Perforations			Depth Casing Shoe					
<b>4268 - 4362</b>			<b>4477</b>					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<b>12 7/8</b>	<b>8 5/8</b>	<b>1697</b>	<b>550</b>
<b>7 7/8</b>	<b>4 1/2</b>	<b>4477</b>	<b>225</b>

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.)
<b>6-9-79</b>	<b>6-22-79</b>	<b>Pumping</b>
Length of Test	Tubing Pressure	Casing Pressure
<b>24</b>	<b>--</b>	<b>15</b>
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.
<b>115</b>	<b>35</b>	<b>80</b>
		Gas - MCF
		<b>40</b>

GAS WELL

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

CERTIFICATE OF COMPLIANCE

I hereby certify that the tests 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.

**JUL 18 1979**

**SANTALE**  
 (Signature)  
 Vice-President

**July 9, 1979**  
 (Date)

OIL CONSERVATION COMMISSION

APPROVED **AUG 2 1979**, 19\_\_

BY **Jerry Nelson**

TITLE **SUPERVISOR DISTRICT 1**

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

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

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