

NO. OF COPIES RECEIVED	
DISTRIBUTION	
DATE RE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	☒ OIL ☐ 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-11
Effective 4-1-65

El Ran, Inc.

Address
1603 Broadway, Lubbock, Texas 79401

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well ☒	Change in Transporter of:
Recompletion ☐	Oil ☐ Dry Gas ☐
Change in Ownership ☐	Coalhead Gas ☒ Condensate ☐

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Federal #	Well No., Field Name, Including Formation 1 Chaveroo (SA)	Kind of Lease State, Federal or Free Federal	Lease No. 13999NM
Location			
Unit Letter C	440	Feet From The N	Line and 2200
Line of Section 3	Township 8-S	Range 32-E	NMCM, Chaves

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)
Phillips Petroleum	P. O. Box 791, Midland, Texas 79701
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)
Cities Service	P. O. Box 300, Tulsa, Oklahoma 74102
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. C 3 8-S 32-E
Is gas actually connected?	When Yes 10/10/79

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well ☐ Gas Well ☐	New Well ☐ Workover ☐ Deepen ☐ Plug Back ☐ Surface Restoration ☐
Date Spudded	Date Compl. Ready to Prod.	Total Depth
Elevations (D.F., R.B., RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay
Perforations		Tubing Depth
		Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. 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.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

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

VI. 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.

Robert R. Ranch
(Signature)

Vice-President

(Title)

November 13, 1979

(Date)

OIL CONSERVATION COMMISSION

APPROVED	NOV 15 1979	19
BY	Orig. Signed by Jerry Sexton	
TITLE	Dist. L. Supv.	

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 allowable on new and recompleted wells.

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