

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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TRANSPORTER	OIL
	GAS
OPERATOR	
PROMOTION OFFICE	

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

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. **Operator**
El Ran, Inc.

Address
P.O. Box 911, Lubbock, Texas 79408

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	<input type="checkbox"/> Change in Transporter of:	Other (Please explain) Changing Lease name from Carroll per R-7044-A
<input type="checkbox"/> 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	

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Chaveroo San Andres Unit Tract 4	Well No. #1	Pool Name, Including Formation Chaveroo San Andres	Kind of Lease State, Federal or Fee	Fee	Lease No.
Location					
Unit Letter <u>J</u> : <u>2200</u> Feet From The <u>south</u> Line and <u>2200</u> Feet From The <u>east</u> Line of Section <u>3</u> Township <u>8 south</u> Range <u>32 East</u> , NMPM, <u>Chaves</u> County					

III. 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) 9C1 Adams Building, Bartlesville, OK 74004
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Oxy Cities Services	Address (Give address to which approved copy of this form is to be sent) Box 300, Tulsa, Oklahoma 74102
If well produces oil or liquids, give location of tanks.	Is gas actually connected?
Unit <u>P</u> Sec. <u>34</u> Twp. <u>7S</u> Rge. <u>32E</u>	<u>Yes</u> When _____

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

Kay McCain
(Signature)

Kay McCain Production Analyst

(Title)

10-12-88

(Date)

OIL CONSERVATION DIVISION

APPROVED _____, 19____
BY JERRY SEXTON
DISTRICT SUPERVISOR

TITLE _____

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 completed wells.