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REQUEST FOR ALLOWABLE
 AND
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

COPY

El Ran, Inc.

P. O. Box 911, Lubbock, Texas 79408

son(s) for filing (Check proper box)	Change in Transporter of:	Other (If PRODUCED GAS MUST NOT BE PLACED AFTER 4/1/81 UNLESS AN EXCEPTION TO R-4870 IS OBTAINED from U.S. S.
Well <input checked="" type="checkbox"/>	Oil <input type="checkbox"/>	
Completion <input type="checkbox"/>	Dry Gas <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	
	Condensate <input type="checkbox"/>	

Change of ownership give name
 and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease
Phillips Federal	4	Chaveroo (SA)	State, Federal or Fee	NM13999-A
Location				

Unit Letter M ; 990 Feet From The West Line and 660 Feet From The South

Line of Section 13 Township 8 South Range 32 East , NMDM, Chaves 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	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.	Is gas actually connected? When
Unit <u>I</u> Sec. <u>13</u> Twp. <u>8-S</u> Rge. <u>32E</u>	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	Some Res'n.	Diff.
XX			XX					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
12/ 8/80	12/22/80	4415 KB	4410 KB					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
4427 GR.	San Andres	4254	4300 KB					
Perforations 4254, 4265, 4270, 4280, 4286, 4289, 4291, 4306, 4308, 4313, 4315, 4327, 4329, 4336, 4349, 4351, 4367 1/2" dia. 2 shots per hole			Depth Casing Shoe					
			4410 KB					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12 1/4	8 5/8" 23#	1698'	550					
7 1/4	4 1/2" 10.5#	4415'	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
 OIL WELL able 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.)
12/22/80	1/ 2/81	Pumping
Length of Test	Tubing Pressure	Casing Pressure
24 hrs	-0-	250#
Actual Prod. During Test	Oil-Bbls.	water-Bbls.
15 Oil	15	0
		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

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]
 (Signature)
 Vice-President
 (Title)
 January 13, 1981
 (Date)

OIL CONSERVATION DIVISION

APPROVED [Signature], 19 1981
 BY [Signature]
 TITLE [Signature]

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 device 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 recompleted wells.
 Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of conditions.
 Separate Forms C-104 must be filed for each pool in multi-completed wells.