

## 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 RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.E.	
LAND OFFICE	
TRANSPORTER	OIL
	NATURAL GAS
OPERATOR	
PRODUCTION OFFICE	
Operator	

El Ran, Inc.

Address

1603 Broadway, Lubbock, Texas 79401

Reason(s) for filing (Check proper box)

New Well



Change in Transporter of:

Recompletion



Oil



Dry Gas



Change in Ownership



Casinghead Gas



Condensate



Other (Please explain)

If change of ownership give name  
and address of previous owner

## DESCRIPTION OF WELL AND LEASE

Lease Name <b>Dashner</b>	Well No. <b>4</b>	Pool Name, Including Formation <b>Chaveroo (SA)</b>	Kind of Lease State, Federal or Fee <b>Federal</b>	Lease No. <b>13999</b>
Location				
Unit Letter <b>D</b>	<b>660</b>	Feet From The <b>West</b>	Line and <b>660</b>	Feet From The <b>North</b>
Line of Section <b>3</b>	Township <b>8-S</b>	Range <b>32-E</b>	NMPM, <b>Chaves</b>	County

## DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <b>Phillips Petroleum</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 791, Midland, Texas 79701</b>			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>Cities Services</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 300, Tulsa, Oklahoma 74102</b>			
If well produces oil or liquids, give location of tanks.	Unit <b>F</b>	Sec. <b>3</b>	Twp. <b>8-S</b>	Rge. <b>32-E</b>
is gas actually connected?			When	
<b>YES</b>			<b>4-8-80</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 <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 <b>3/17/80</b>	Date Compl. Ready to Prod. <b>4/ 8/80</b>		Total Depth <b>4396</b>		P.B.T.D. <b>4395</b>			
Elevations (DF, RAB, RT, GR, etc.) <b>4396 KB</b>	Name of Producing Formation <b>San Andres</b>		Top Oil/Gas Pay <b>4212</b>		Tubing Depth <b>4320</b>			
Perforations <b>4212 - 4390</b>					Depth Casing Shoe <b>4395</b>			

## TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<b>12-1/2</b>	<b>8-5/8 23#</b>	<b>1683</b>	<b>600</b>
<b>7-7/8</b>	<b>4-1/2 10.5#</b>	<b>4395</b>	<b>175</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 <b>4/ 7/80</b>	Date of Test <b>4/ 8/80</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Pumping</b>	
Length of Test <b>24 hours</b>	Tubing Pressure <b>-0-</b>	Casing Pressure <b>30</b>	Choke Size <b>2"</b>
Actual Prod. During Test <b>89</b>	Oil-Bbls. <b>79</b>	Water-Bbls. <b>10</b>	Gas-MCF <b>50</b>

## 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

## 1. 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.



Vice-President

(Title)

4/17/80

(Date)

## OIL CONSERVATION DIVISION

APPROVED

, 19

BY

TITLE

SUPERVISOR DISTRICT I

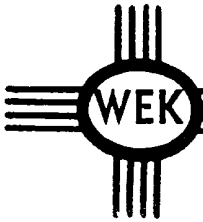
This form is to be filed in compliance with RULE 1104.

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.

Separate forms C-104 must be filed for each pool in multiply completed wells.



KENNETH D. REYNOLDS - ARTESIA  
LESLIE K. EVERTSON - ROSWELL

DRILLING CO., INC. - OIL WELL DRILLING CONTRACTORS

P. O. Box 2055 ROSWELL, NEW MEXICO 88201  
TELEPHONES: ARTESIA 505/746-6757  
ROSWELL 505/623-5070

March 27, 1980

El Pan, Inc.  
1603 Broadway  
Lubbock, Texas 79401

Re: Bashnet #4

Gentlemen:

The following is a Deviation Survey of the above well located  
in Chaves County, New Mexico.

492' - 1 1/4°  
983' - 1 1/4°  
1475' - 1 1/2°  
1683' - 1°  
2161' - 1 1/4°

2657' - 1 1/4°  
3154' - 1 1/4°  
3648' - 1°  
4113' - 1°  
4396' - 1° T.D.

Yours very truly,

WEK DRILLING CO., INC.

Arnold Newkirk

STATE OF NEW MEXICO )  
COUNTY OF CHAVES )

The foregoing was acknowledged before me this 27<sup>th</sup> day  
of March, 1980 by Arnold Newkirk.

My Commission Expires:

April 9, 1980

Glenda Bea Houston  
Notary Public