

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.B.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PROMOTION OFFICE	

Operator
El Ran, Inc.

Address
1603 Broadway, Lubbock, Texas 79401

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED below. IF YOU DO NOT CONCUR NOTIFY THIS OFFICE.
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

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.

II. DESCRIPTION OF WELL AND LEASE

Lease Name Phillips Federal	Well No. 3	Pool Name, Including Formation Chaveroo (SA) R-6449	Kind of Lease State, Federal or Fee Federal	Lease No. NM13999A
Location Unit Letter N ; 2280 Feet From The West Line and 660 Feet From The South Line of Section 13 Township 8-S Range 32E , NMPM, Chaves 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	Address (Give address to which approved copy of this form is to be sent) P. O. Box 791, Midland, Texas 79701	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit I Sec. 13 Twp. 8-S Rge. 32E	Is gas actually connected? No When TSTM

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 <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 5/20/80	Date Compl. Ready to Prod. 6/ 9/80	Total Depth 4409 KB	P.B.T.D. 4408 KB
Elevations (DF, RNB, RT, GR, etc.) 4440 GR	Name of Producing Formation San Andres	Top Oil/Gas Pay 4276 KB	Tubing Depth 4376 KB
Perforations 4276, 4279, 4282, 4291, 4292, 4294, 4303, 4308, 4354, 4357, 4374, 4380, 4382, 4388, 4390, 4396 1/2 inch 2 holes/loc			Depth Casing Shoe 4409 KB
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE 12 7/8 7 1/4	CASING & TUBING SIZE 8 5/8 4 1/2	DEPTH SET 1679 KB 4409	SACKS CEMENT 550 Class C 50 Cfr. 175 50/50 POZ

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 6/ 9/80	Date of Test 6/ 7/80	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hours	Tubing Pressure -0-	Casing Pressure 100	Choke Size 2"
Actual Prod. During Test 82	Oil - Bbls. 82	Water - Bbls. 53	Gas - MCF TSTM

GAS WELL

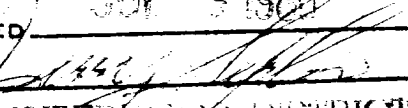
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

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


Agent
June 12, 1980
(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 deviate 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 multiple completed wells.