

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 DESIRED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.U.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATION	
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 Federal	Well No. 7	Pool Name, Including Formation Chaveroo (SA)	Kind of Lease State, Federal or Fee Federal	Lease No. 13999
Location Unit Letter M : 990 Feet From The West Line and 990 Feet From The South Line of Section 3 Township 8-S Range 32E, NMPM, 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"/> Phillips Petroleum Company	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 checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Cities Service Oil Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 300, Tulsa, Oklahoma 74102
If well produces oil or liquids, give location of tanks. Unit C Sec. 3 Twp. 8S Rge. 32E	Is gas actually connected? When Yes 10/23/80

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

COMPLETION DATA

Designate Type of Completion - (X) XX	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. h. <input type="checkbox"/>		
Date Spudded 10/ 9/80	Date Compl. Ready to Prod. 10/23/80	Total Depth 4330	P.B.T.D. 4329
Elevations (DF, RKB, RT, GR, etc.) 4491.4 GR	Name of Producing Formation San Andres	Top Oil/Gas Pay 4187	Tubing Depth 4290
Perforations 4187 - 4289			Depth Casing Shoe 4329

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE 12 3/8 7 7/8	CASING & TUBING SIZE 8 5/8 23# 4 1/2 10.5#	DEPTH SET 1704 4329	SACKS CEMENT 600 sacks 175 sacks
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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 c.
able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 10/23/80	Date of Test 10/24/80	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hrs.	Tubing Pressure 190	Casing Pressure 650	Choke Size 18/64
Actual Prod. During Test 109	Oil-Bble. 89	Water-Bble. 20	Gas-MCF 40

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bble. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, 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.

Robert R. Ranch
(Signature)

Vice-President

(Title)

October 30, 1980

(Date)

OIL CONSERVATION DIVISION

APPROVED

NOV 5 1980

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BY

SUPERVISOR DISTRICT I

TITLE

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

If this is a request for allowable for a newly drilled or deeper
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
able on new and recompleted wells.

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

Separate Forms C-104 must be filed for each pool in multi-
completed wells.