

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 07501REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NAME OF OPERATOR	
LOCATION	
LAND OFFICE	
TRANSPORTER	
OPERATOR	
REGISTRATION OFFICE	

El Ran, Inc.

Address

P. O. Box 911, Lubbock, Texas 79408

Reason(s) for filing (Check proper box)

New Well ☒
Recompletion ☐
Change in Ownership ☐

Change in Transporter of:

Oil ☐ Dry Gas ☐
Casinghead Gas ☐ Condensate ☐

Other (Please explain)

Approval to flare casinghead gas from
this well must be obtained from the
Minerals Management Service.Change of ownership give name
and address of previous ownerTHIS WELL HAS BEEN PLACED IN THE POOL
DESIGNATED BELOW. IF YOU DO NOT CONCUR
NOTIFY THIS OFFICE.

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Antelope Federal	1	Chaveroo (SA) Undesig.	State, Federal or Fee Federal	NM27075
Location	Unit Letter	Feet From The	Line and	Feet From The
	K	1650	North	2310
Line of Section	10	Township	8S	Range
			32E	NMPM, Chaves

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 Company Trucks	4001 Penbrook, Odessa, Texas 79762					
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)					
Well produces oil or liquids, and location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	K	10	8S	32E	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	Same Res'v.	Diff. Fr.
	XX		XX					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
12-6-83	1-5-84	4315 KB	4309 KB					
Deviation (DF, RLB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
4449.3 KB	San Andres	4137 KB	4202					
Perforations			Depth Casing Shoe					
			4315 KB					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
3 5/8"	12 1/4	1737	575 Class C
4 1/2"	7 7/8	4315	300 50/50 POZ
	2 3/8	4202	

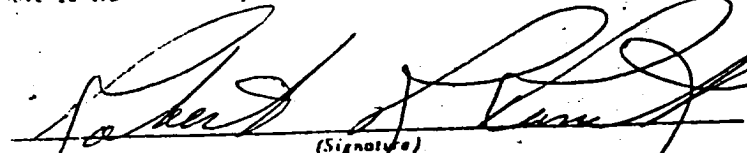
TEST DATA AND REQUEST FOR ALLOWABLE
OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top
able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
1-5-84	1-5-84	Pump	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24	-0-	50#	2"
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
77	67	10	TSTM

AS 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)

Robert R. Ranck, Vice-President

(Title)

January 10, 1984

(Date)

OIL CONSERVATION DIVISION

MAR 1 1984

APPROVED _____, 19

BY _____
ORIGINAL SIGNED BY JERRY SEXTON
TITLE _____ DISTRICT SUPERVISOR

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 deviat.
tests taken on the well in accordance with RULE 111.All sections of this form must be filled out completely for allow-
able on new and recompleted wells.Fill out only Sections I, II, III, and VI for changes of own-
er, well name or number, or transporter, or other such change of condi-
tion.Separate Forms C-104 must be filed for each pool in multi-
completed wells.