Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brizos Rd., Azzec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I	T	<u>O TRA</u>	NSP	ORT OIL	<u>. AND NA</u>	TURAL GA						
Operator El Ran, Inc.							Well A	PINO.				
Address P.O. Box 911,	Lubbock,	TX 79	9408				•					
Reason(s) for Filing (Check proper box) New Well Recompletion Change in Operator	Oil Casinghead		Transp Dry G Conde	ias 🗆	☐ Oti	net (Please expl	ain)					
If change of operator give name	Casingnesa	<u> </u>	Colloc									
and address of previous operator II. DESCRIPTION OF WELL	ANDIEA	er.							···			
Lease Name Ruth State	Well No. Pool Name, Including							Kind of Lease Lease No. State Federal or Fee B-2894				
Location			•						<u> </u>			
Unit LetterM	_ :	990	. Feet F	rom The	outh Lie	ne and99	0 Fe	et From The	west	Line		
Section 20 Townsh	ip 16 Sc	uth	Range	36 E	East ,N	мрм,			Lea	County		
III. DESIGNATION OF TRAI	NSPORTER	OF O	IL AN	ND NATU	RAL GAS							
Name of Authorized Transporter of Oil Enron Oil Transportation Ffective 4.1.04						Address (Give address to which approved copy of this form is to be sent) P.O. Box 1188, Houston, TX 77251						
Name of Authorized Transporter of Casinghead Gas or Dry Gas or Dry Gas					Address (Give address to which approved copy of this form is to be sent)							
If well produces oil or liquids, give location of tanks.							When	en ?				
If this production is commingled with that IV. COMPLETION DATA	from any other	r lease or			ing order nur	iber:			·····			
Designate Type of Completion	······································	Oil Well	ij	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Date Spudded				,,	Total Depth	<u> </u>	<u> </u>	P.B.T.D.	<u> </u>			
Elevations (DF, RKB, RT, GR, etc.)	Name of Pro	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Perforations									Depth Casing Shoe			
HOLE SIZE	TUBING, CASING AND HOLE SIZE CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT				
NOLL OLL	NG & TOBING SIZE			DEF III SET								
								ļ				
								<u> </u>				
V. TEST DATA AND REQUE OIL WELL (Test must be after					be equal to o	r exceed top allo	owable for thi	depih or be j	for full 24 how	rs.)		
						Producing Method (Flow, pump, gas lift, etc.)						
Length of Test	Tubing Press	Tubing Pressure				aure		Choke Size				
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.			Gas- MCF				
GAS WELL	<u> </u>			· <u></u>	l			1 .				
Actual Prod. Test - MCF/D						nsate/MMCF		Gravity of Condensate				
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size				
VI. OPERATOR 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.					OIL CONSERVATION DIVISION							
Signature Kay McCain Production Analyst Printed Name Title					By							
12-14-90 Date	 		6/76 phone	3-4091 No.		·						

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.