

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Plains Petroleum Operating Company		Well API No. 30-025-317306
Address 415 West Wall, Suite 1000, Midland, Texas 79701		
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain) Change of Battery Location - Commingled		
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Recompletion <input type="checkbox"/>	Casinghead Gas <input checked="" type="checkbox"/> Condensate <input type="checkbox"/>	
Change in Operator <input type="checkbox"/>		
If change of operator give name and address of previous operator		

Lease Name Hill, E. C. 'B' Federal		Well No. 8	Pool Name, Including Formation Teague Blinetry	Kind of Lease State, Federal or Fee	Lease No. LC 064118
Location Unit Letter O : 800 Feet From The South Line and 1980 Feet From The East Line Section 34 Township 23S Range 37E , NMPM, Lea County					

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Texas-New Mexico Pipeline		Address (Give address to which approved copy of this form is to be sent) P. O. Box 60028, San Angelo, TX 76906				
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Sid Richardson Carbon & Gasoline Co.		Address (Give address to which approved copy of this form is to be sent) 201 Main Street, Ft. Worth, TX 76102				
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 35	Twps. 23S	Rge. 37E	Is gas actually connected? Yes	When? 10/1992
If this production is commingled with that from any other lease or pool, give commingling order number: PC-823						

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth			
Perforations						Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT		

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 Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

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. 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. Bonnie Husband Signature Bonnie Husband Printed Name 12/10/92 Date Office Manager/Tech Title 915/683-4434 Telephone No.	
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OIL CONSERVATION DIVISION	
Date Approved JAN - 8 1993	
By ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR	
Title	

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.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.