Submit 5 Copies Appropriate District Office <u>DISTRICT 1</u> P.O. Box 1980, Hobbs, NP4 85240	-		e and Na	lew Mexico Jural Resources D. ament				RECEIVE	R	Form C-104 Revised 1-1-89 See Instructions			
OIL CONSERV 20. Drawer DD, Antesia, MM 88210 P.C. Sonto Fo					ATION DIVISION Box 2038 Mexico 87504-2028				DEC 10'	90 **	Bottom of	l Page	
DISTRICT III 1000 Rio Brazos Rd., Aztec, NIA 37-	410								C. C. C.		21.7		
I. Operator		TOTRA	NSP	ORT OI	BLE AND	AUTHO	GA	S			·)	90	
Plains Radio Petr	coleum Co	•		,					API No. -005-604	98			
Address P. O. Box 9354	Amari	110, Tx	79	105	<u> </u>						<u>-</u>		
Reason(s) for Filing (Check proper b	ax)				0	ner (Please e	explai	u)					
Recompletion	Oil	Change in	Dry Ga	·									
Change in Operator X If change of operator give name			Conder										
and address of previous operator	<u>Plains Ra</u>		adea	sting (Co. P. (). Box	935	4 Ama	rillo, T	x 791	05		
II. DESCRIPTION OF WE Lease Name	LL AND LE	The second se	Pool N	ana Includ	ing Formation				-61				
L. E. Ranch 16	4	Chi	sum Sar	- 1 1 · · · · · · · · · · · · · · · · ·				of Lease Federal or Fe	• ,	$\frac{\text{Lease No.}}{K-2! + 4}$			
Location Unit LetterA	. 99	0	East Ea	T	North Lin	. 99	<u> </u>			Eas			
					14	e and			ect From The		L	Line	
Section 16 Tow	nship 11S		Range	28E	<u>, N</u>	MPM,	(Chaves			C(ourty	
III. DESIGNATION OF TR Name of Authonized Transporter of O	ANSPOLTE	OF OF OI		<u>d natu</u>					RMIAN CORI				
PermianOperating Lim				Address (Give address to which approved P. O. Box 1183 Houston									
Name of Authorized Transporter of C	asinghead Gas		or Dry	Gas 🛄	Address (Gin	e address to	whic	h approved	copy of this fo	orm is to	be sent)		
If well produces oil or liquids,	Unit	Sec.	Twp.	Rge.	Is gas actual	y connected	7	When	?	<u></u>			
tive location of tanks.	B hat from any of	·	<u>11S</u>	28E	ing order purp	har-	·	_ L	•			_	
V. COMPLETION DATA				- Containing									
Designate Type of Completi	on - (X)	Oil Well		las Vell	New Well	Workover		Doepen	Plug Back	Same Ro	s'v Diff	'Res'v	
Date Spudded	e Spudded Date Corr			apl. Ready to Prod.			Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of P	Name of Producing Formation				Top Cil/Gas Pay				Tubing Depth			
Perforations			<u>.</u>						Depth Casin				
			·					<u>.</u>		g silve			
HOLE SIZE	TUBIN Casing &				CEMENTING RECORD			SACKS CEMENT					
											D-Z		
				· · · · · · · · · · · · · · · · · · ·				12-21-50					
									ang op				
V. TEST DATA AND REQU				il and must	by equal to or	excend ton	allow	the for this	e denth or he f	or full 24	(hours)		
Date First New Oil Run To Tank	Date of Te				Producing M	and the second s							
Longer of Test	Tubing Fre	Tubing Pressure				Casing Pressure							
						Water - Bbis.				Gas- MCF			
Actual Prod. During Test	Oil - Bbis.	Oil - Bbis.				Waci - Dola							
GAS WELL						· · · · ·							
Actual Prod. Test - MC:7D	D Length of Test					Bbls. Condensate/MMCF				ond insat	Ċ		
Tostug Method (pilot, back pr.)	Tubing Pre	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)				Choke Size			
VI. OPERATOR CERTIF		COMPI	IAN	CF ·					<u>!</u>				
I hereby certify that the rules and ru	gulations of the	Oil Conserva	tion	CD		DIL CC	NS	SERV	ATION I	DIVIS	SION		
Division have been complied with a is true and complete to the best of a			above		 Data	Approv	hay	D	EC 14	1990			
Bars Mar	1					Thhim			······································				
Signature		τ7	 D	······································	By_			NGINAL	SIGNED	BY		u	
Basil E. Wall Printed Name	cer, Jr.		P. Title	<u> </u>	Title				OR, DIST	RICT I	1 -		
<u>Sac 90</u> Date	(8)	06) 373- Telepi	-377 hone Ne							·	wet.		

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance i) Request for allowable for newly diffied out for allowable on new and recompleted wells.
 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 filled for each pool in multiply completed wells.