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Submit 5 Copies  
Appropriate District Office  
**DISTRICT I**  
P.O. Box 1980, Hobbs, NM 88240  
**DISTRICT II**  
P.O. Drawer DD, Artesia, NM 88210  
**DISTRICT III**  
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico  
Energy, Minerals and Natural Resources Department  
**OIL CONSERVATION DIVISION**  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

Form C-104  
Revised 1-1-89  
See Instructions  
at Bottom of Page  
SEP - 9 1991  
O. C. B.  
ARTESIA OFFICE

**REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS**

**I. OPERATOR**  
Operator Plains Petroleum Operating Company ✓ Well API No. 30-015-02133  
Address 415 West Wall, Suite 2110, Midland, Texas 79701  
Reason(s) for Filing (Check proper box) ☐ New Well ☐ Other (Please explain)  
☐ Recompletion ☐ Change in Transporter of:  
☐ Change in Operator ☒ Oil ☐ Dry Gas ☐  
☐ Casinghead Gas ☐ Condensate ☐  
If change of operator give name and address of previous operator Arch Petroleum Inc., 777 Taylor St., Suite IIA, For Worth, Texas 76102

**II. DESCRIPTION OF WELL AND LEASE**  
Lease Name Resler Yates State Well No. 65 Pool Name, Including Formation Artesia-Queen GSA Field Kind of Lease State, Federal or Fee Lease No. 647  
Location Unit Letter P : 830 Feet From The South Line and 200 Feet From The East Line  
Section 30 Township 18S Range 28E, NMPM, Eddy County

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**  
Name of Authorized Transporter of Oil ☒ or Condensate ☐  
Navajo Refining Company Address (Give address to which approved copy of this form is to be sent) 501 E. Main, P.O. Drawer 159, Artesia, NM 88210  
Name of Authorized Transporter of Casinghead 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. Unit G Sec. 32 Twp. 18S Rge. 28E Is gas actually connected? NO When? \_\_\_\_\_  
If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

**IV. COMPLETION DATA**  
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 posted ID-3  
Actual Prod. During Test \_\_\_\_\_ Oil - Bbls. \_\_\_\_\_ Water - Bbls. \_\_\_\_\_ Gas- MCF 6450  
9-18-91

**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 \_\_\_\_\_  
Printed Name Bonnie Husband, Office Manager/Tech. Title \_\_\_\_\_  
9-3-91 Date \_\_\_\_\_ 915/683-4434 Telephone No. \_\_\_\_\_

**OIL CONSERVATION DIVISION**  
Date Approved SEP 10 1991  
By ORIGINAL SIGNED BY  
MIKE WILLIAMS  
Title SUPERVISOR, DISTRICT II

**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.