

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I. Operator
Plains Petroleum Operating Company ✓ Well API No. 30-015-02151
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, Fort Worth, Texas 76102

II. DESCRIPTION OF WELL AND LEASE
Lease Name Resler Yates State Well No. 20 Pool Name, including Formation Artesia-Queen GSA Field Kind of Lease State, Federal or Pcc Lease No. 647
Location Unit Letter A : 330 Feet From The North Line and 330 Feet From The East Line
Section 32 Township 18S Range 28E , NMPM, Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil Navajo Refining Company ☒ or Condensate ☐ 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 9-13-91
Actual Prod. During Test Oil - Bbls. Water - Bbls. Gas- MCF Chg OP

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.
Signature Bonnie Husband, Office Manager/Tech.
Printed Name 9-3-91 Title 915/683-4434
Date 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.

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