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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

RECEIVED

NOV 23 1992

O. C. D.

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

| | |
|---|---|
| Operator Plains Petroleum Operating Company | Well API No. 30-015-06125 |
| Address 415 West Wall, Suite 1000, Midland, Texas 79701 | |
| Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain) | |
| New Well <input type="checkbox"/> | Change in Transporter of: |
| Recompletion <input checked="" type="checkbox"/> | Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> |
| Change in Operator <input type="checkbox"/> | Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> |
| If change of operator give name and address of previous operator | |

II. DESCRIPTION OF WELL AND LEASE

| | | | | | |
|--|-----------------------|--|-----------------------|--|-------------------------|
| Lease Name Welch Duke State | Well No. 18 | Pool Name, Including Formation Artesia (Premier/Metex) | Q, G, SA SA | Kind of Lease State Federal or Fee | Lease No. 647 |
| Location Unit Letter C : 1260 Feet From The North Line and 1380 Feet From The West Line Section 28 Township 18 Range 28 , NMPM, Eddy County | | | | | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | |
|--|---|-------------------|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Navajs Refining Co. | Address (Give address to which approved copy of this form is to be sent) 501 E. Main St., Artesia, NM 88210 | |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> | 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 E | Sec. 28 |
| | Twp. 18 | Rge. 28 |
| | 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 X | Plug Back | Same Res'v | Diff Res'v |
| Date Spudded 10-19-92 | Date Compl. Ready to Prod. 10-29-92 | | Total Depth 2320 | | P.B.T.D. | | | |
| Elevations (DF, RKB, RT, GR, etc.) GR 3543 | Name of Producing Formation Premier/Metex | | Top Oil/Gas Pay 2040 | | Tubing Depth 2077 | | | |
| Perforations | | | | | Depth Casing Shoe | | | |
| TUBING, CASING AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| 12-1/2" | 8-5/8" | | 264 | | 75 sx | | | |
| 7-7/8" | 5-1/2" | | 2084 | | 100 sx | | | |
| | | | | | Post ID-2 | | | |
| | | | | | 1-15-93 | | | |

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 10-31-92 | Date of Test 11-11-92 | Producing Method (Flow, pump, gas lift, etc.) 2-1/2" X 1-1/2" X 10' pump | |
| Length of Test 24 | Tubing Pressure | Casing Pressure | Choke Size |
| Actual Prod. During Test 56 BF | Oil - Bbls. 29 | Water - Bbls. 27 | Gas - MCF 26 |

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

Office Manager/Tech

Printed Name
11-20-92

Title
915/683-4434

Date

Telephone No.

OIL CONSERVATION DIVISION

Date Approved **DEC 30 1992**

By **ORIGINAL SIGNED BY**

Title **MANAGER 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.