

OIL CONSERVATION DIVISION

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

MAR 24 1992

O. C. D.  
ARTESIA OFFICE

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Plains Petroleum Operating Company	Well API No. 30-015-26895
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 checked="" type="checkbox"/>	Change in Transporter of: <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	
If change of operator give name and address of previous operator	

CASHNEAD GAS MUST NOT BE  
FLARED AFTER 5/30/92  
EXCEPTION TO:  
EX 2-247 until

II. DESCRIPTION OF WELL AND LEASE

Lease Name Levers "A" State	Well No. 2	Pool Name, Including Formation Artesia (Queen, Grayburg S.A)	Kind of Lease State, Federal or Fee	Lease No. 703
Location Unit Letter B : 330 Feet From The North Line and 2310 Feet From The East Line Section 8 Township 18S Range 28E, 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"/> Navajo Refining Co.	Address (Give address to which approved copy of this form is to be sent) 501 E. Main, Box 159, Artesia, N.M. 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 B	Sec. 8	Twp. 8 S	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 X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 12-16-91	Date Compl. Ready to Prod. 2-4-92		Total Depth 2500'		P.B.T.D. 2415'			
Elevations (DF, RKB, RT, GR, etc.) Gr. 3633	Name of Producing Formation Penrose		Top Oil/Gas Pay 1712		Tubing Depth 2316			
Perforations 2216' - 2269'		1955' - 2059'		1712' - 1716'		Depth Casing Shoe		
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE 12 1/4"	CASING & TUBING SIZE 8 5/8"		DEPTH SET 378'		SACKS CEMENT 220sx C			
7 7/8"	5 1/2"		2496'		385sx C			
					Post ID-2 4-3-92			

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 1-14-92	Date of Test 3-6-92	Producing Method (Flow, pump, gas lift, etc.) Pump 2 1/2" x 1 1/2" x 10'	
Length of Test 24 Hrs	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. 26	Water - Bbls. 25	Gas - MCF 27

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  
Bonnie Husband Office Manager  
Printed Name  
03-19-92 (915) 683-4434  
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved MAR 26 1992

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.