Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

## State of New Mexico Energy, Minerals and Natural Resources Department RECEIVED

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

## OIL CONSERVATION DIVISION - 2 1992

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III

1000 Kio Brazos Kd., Aziec, NM 87410	REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS												
Plaina Potroloum Operating Company							Well API No.						
Plains Petroleum Operating Company Address 415 W. Wall, Suite 1000, Midland, Texas							79701						
Reason(s) for Filing (Check proper box)	1000,	1110	ıraıı	<u>u, 16</u>	Nac	Oth	er (Please exp	lain)	<b>C</b> A.57	CACHON	GAS MI	JST NOT B	
New Well	Change in Transporter of										_		
Recompletion Oil Dry Gas									the second second			15 93	
Change in Operator Casinghead Gas Condensate							Vari 1, 33 2, 33 5						
If change of operator give name and address of previous operator									Keeling.	306 IS (	DETAINE	)	
II. DESCRIPTION OF WELL	AND LE	ASE											
Lease Name McNutt State	Well No.   Pool Name, Includin 90   Artesia (									of Lease Federal or Fe	Lease Lease No. ederal or Fee 647		
Location Unit LetterM	.:9	20	. Feet l	From The	S	South Lin	e and	5 ·	Fe	et From The .	West	Line	
Section 21 Township	NMPM. Eddy County												
Section 21 Township	18	<u> </u>	Range	e 28	<u> </u>	, N	MPM, 1	Luu	у			County	
III. DESIGNATION OF TRAN	SPORTE			ND NA	TU								
Name of Authorized Transporter of Oil  or Condensate							Address (Give address to which approved copy of this form is to be sent)						
Navajo Refining Company						501 E. Main, Artesia, New Mexi							
iame 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 N	Sec. 21	Twp.		Rge. 8E	Is gas actually connected? When				?			
If this production is commingled with that f	rom any ot	her lease or	pool, g	ive com	mingli	ing order num	ber:					·	
IV. COMPLETION DATA		Oil Well		Gas We		New Well	Workover	7	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion		j x	i_			X Total Depth	L			_	jouine Res v		
<b>Date Spudded</b> 7-13-92	Date Compl. Ready to Prod. 9-12-92					3000				<b>P.B.T.D.</b> 2951			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation					Top Oil/Gas Pay				Tubing Depth			
Gr 3573	S.A,					2147				2418			
Perforations 2147-2326 2621-2838 2415-23										Depth Casing Shoe			
	TUBING, CASING AND									1	DAGUG OFFIFIE		
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET				ļ.,	SACKS CEMENT			
12 1/4"		8 5/8"				355'				220 sx for TD \$ 700 sx 1-29-93			
7 7/8"	5 1/2" 2 3/8"				2998 <b>'</b> 2418 <b>'</b>				comp + BK				
	2 3/0					2410				(Fright)			
V. TEST DATA AND REQUES OIL WELL (Test must be after re					musi	be equal to o	exceed top al	llowa	ble for thi	depth or be	for full 24 hou	urs.)	
Date First New Oil Run To Tank Date of Test							ethod (Flow, p						
9-12-92	10-8-92				2 1/2" X 1 1/2" X 1								
Length of Test 24 hr	Tubing Pressure				Casing Pressure				Choke Size	Choke Size			
Actual Prod. During Test	Oil - Bbis.					Water - Bbis.				Gas- MCF			
44 bbls	23					. 21				<u></u>	17		
GAS WELL	11					150- 6-1-	- Ander			10-win at	Condensate		
Actual Prod. Test - MCF/D	Length of Test					Bbis. Condensate/MMCF				Gravity of Condensate			
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)				Choke Size	Choke Size			
VI. OPERATOR CERTIFIC							OIL CO	NS	ERV	ATION	DIVISIO	DN .	
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.						Date ApprovedJAN 1 8 1993					8 1993		
Manny Munchand						Date	• •						
Signature Bonnie Husband Office Manager/Tech						By_	By ORIGINAL SIGNED BY MIKE WILLIAMS						
Printed Name Title					Title				OR, DIST	RICT IT			
10-29-92 915/683-4434  Date Telephone No.											1984		

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.