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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 10 1991

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

I. OPERATOR

Operator: Plains Petroleum Operating Company ✓

Well API No.: 30-015-02110

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.: 343

Pool Name, including Formation: Artesia- Queen GSA Field

Kind of Lease: State, Federal or Fee

Lease No.: 647

Location: Unit Letter 0 : 990 Feet From The South Line and 1650 Feet From The East Line

Section 29 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 N, Sec. 21, 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 <i>ported 10-3</i> <i>9-13-91</i>
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF <i>6 bbls OP</i>

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: *9-3-91* Title: 915/683-4434

Date: *9-3-91* 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.