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

State of New Mexico Energy, Minerals and Natural Resources Department Form C-104 See Instructions

OIL CONSERVATION DIVISION

P.O. Box 2088

DISTRICT II P.O. Drawer DD, Arlesia, NM 88210 Santa Fe. New Mexico 87504-2088 DISTRICT III
1000 Rio Brizos Rd., Aziec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Well API No. Operator PLAINS PETROLEUM OPERATING COMPANY Midland, Texas 79701 415 W. Wall, Suite 2110 Other (Please explain) Reason(s) for Filing (Check proper box) Change in Transporter of: New Well Dry Gas Recompletion Casinghead Gas Condensate Change in Operator If change of operator give name and address of previous operator Murphy Operating Corporation - United Bank Plaza, Suite 300, Roswell, New Mex. 400 N. Pennsylvania Ave. 80202 II. DESCRIPTION OF WELL AND LEASE Lease No. Kind of Lease Sec. 36 Well No. Pool Name, Including Formation State, Federal or Fee State E-10047 Todd Lower San Andres Assoc. Todd Lower San Andres Unit 6 Location Feet From The North ine and 1980 . Feet From The Unit Letter _F Roosevelt 35E **7**S NMPM. County Township Range Section III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) or Condensate Name of Authorized Transporter of Oil Box 2436, Abilene, Texas 79604 Pride Pipeline Company Name of Authorized Transporter of Casinghead Gas Address (Give address to which approved copy of this form is to be sent) or Dry Gas \mathbf{X} Bluitt Plant, Milnesand, New Mexico 88125 Oxy USA Inc Rge. Is gas actually connected? When ? l Unit Sec. Twp. if well produces oil or liquids, give location of tanks. 175 |35E 136 If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Deepen Plug Back Same Res'v Diff Res'v Oil Well Gas Well New Well Workover Designate Type of Completion - (X) Total Depth P.B.T.D. Date Compl. Ready to Prod. Date Spudded Top Oil/Gas Pay Tubing Depth Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Depth Casing Shoe Perforations TUBING, CASING AND CEMENTING RECORD SACKS CEMENT CASING & TUBING SIZE HOLE SIZE V. TEST DATA AND REQUEST FOR ALLOWABLE (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.) OIL WELL Producing Method (Flow, pump, gas lyi, etc.) Date First New Oil Run To Tank Date of Test Choke Size Casing Pressure Length of Test Tubing Pressure Gas- MCF Water - Bbls. Actual Prod. During Test Oil - Bbls. **GAS WELL** Gravity of Condensate Bbls. Condensate/MMCF Length of Test Actual Prod. Test - MCF/D Choke Size Casing Pressure (Shut-in) Tubing Pressure (Shut-in) Testing Method (pitot, back pr.) VI. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above FEB 2 2 1990 is true and complete to the best of my knowledge and belief. Date Approved ____ ORIGINAL SIGNED BY JERRY SEXTON Engineering Tech DISTRICT I SUPERVISOR Bonnie Husband Title Printed Name Title_ (915) 683-4434 2-9-90

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Date

- 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.

Telephone No.

- 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.