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

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

State of New Mexico Minerals and Natural Resources Department Ener

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III
1000 Rio Brazon Rd., Aziec, NM 87410

						AUTHOR:						
Operator PLAINS PETROL								PI No. 30-041-10169				
Address 415 W. WALL, SUITE 1000, MIDLAND, T												
Reason(s) for Filing (Check proper box) New Well Recompletion Change in Operator	Oil Casinghead	Change in		orter of:		er (Please exp	lain)					
f change of operator give name and address of previous operator		 .									···	
I. DESCRIPTION OF WELL			r 					~				
Lease Name SEC 36 TODD LOWER SAN ANDRES	i went to liter tank, includi							of Lease Lease No. Federal or Fee C-10047				
Location Unit Letter	:19	80	Feet Fr	om The So	outh_Lin	e and	660 F	et From The	East	u	ine	
Section 36 Township	, 7S		Range	35E	. N	мрм,	ROOSEVI	ELT		County	v	
II DESIGNATION OF TRANS	enonari.	D OF O										
Name of Authorized Transporter of Oil VV or Condensate						Address (Give address to which approved copy of this form is to be sent)						
PHILLIPS 66 COMPANY Pipe five Co STruckes					P. O. BOX 791, MIDLAND, TEXAS 79702							
Name of Authorized Transporter of Casinghéad Gas or Dry Gas SXY USA Inc						Address (Give address to which approved copy of this form is to be sent)						
well produces oil or liquids, Unit Sec. Twp. Rge. ve location of tanks. B 36 7S 35E				Is gas actually connected? When ?								
f this production is commingled with that for V. COMPLETION DATA	rom any oth	er lease or p	pool, giv	e commingl	ing order num	ber:						
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 (asing Shoe		
TUBING, CASING AND					CEMENT	NG RECO	RD	_				
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT				
V. TEST DATA AND REQUES OIL WELL (Test must be after re				oil and must	be equal to o	exceed top al	lowable for th	is depth or be fo	r full 24 how	rs.)		
Date First New Oil Run To Tank Date of Test						Producing Method (Flow, pump, gas lift, etc.)						
Length of Test	Tubing Pressure				Casing Press	ure		Choke Size				
Actual Prod. During Test	Oil - Bbis.				Water - Bbis.			Gas- MCF				
GAS WELL	1				·•			•				
actual Prod. Test - MCF/D Length of Test					Bbls. Conde	sale/MMCF		Gravity of Co	Gravity of Condensate			
Testing Method (pitot, 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.					OIL CONSERVATION DIVISION OCT 2 2 1993 Date Approved							
Signature BONNIE HUSBAND ADMINISTRATIVE ASST.					By Orig. Signed by Paul Kautz Geologist							
Printed Name Title OCTOBER 19, 1993 915/683-4434 Date Telephone No.							G 601		·····			

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.