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Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

## State of New Mexico Energ, Ainerals and Natural Resources Department

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

OIL CONSERVATION DIVISION P.O. Box 2088

DISTRICT III

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

Santa Fe, New Mexico 87504-2088

000 Rio Brazos Rd., Aztec, NM 87410			ALLOWAB							
•	ТО	TRANS	PORT OIL	TAN DNA	UHAL G.	AS Weil	API No.		]	
PLAINS PETROLEUM OPER	ATING COM	IPANY								
Address 415 W. Wall, Suite 21	10		Midland	, Texas		<del></del>				
Reason(s) for Filing (Check proper box)			enoder of	Othe	t (Please expl	lain)				
New Well	Ch Oil	ange in Tran	usporter of:							
Recompletion L. Change in Operator	Casinghead G		identale 🔲			_				
change of operator give name daddress of previous operator Mur			orporatio	n - Unit	ed Bank	Plaza,	Suite 300	), Rosw	e11, New 802	
I. DESCRIPTION OF WELL	AND LEAS	E Por	ol Name, Includia	•	N. Penn		of Lesse	Le	ase No.	
Todd Lower San Andres		T	odd Lower	San And	lres Ass	oc. State	Federal or Fee	State	E-10047	
Location					_				'	
Unit LetterI	19	980 Fee	et From The	South Line	and6	60i	eet From The	East	Line	
36 Section Townshi	7S	S Rai	nge	35E , NA	arm, R	ooseve1	t		County	
II. DESIGNATION OF TRAN	SPORTER	OF OIL	AND NATU	RAL GAS						
Name of Authorized Transporter of Oil	Address (Give address to which approved copy of this form is to be sent)  Box 2436, Abilene, Texas 79604									
Pride Pipeline Compan			Des Gee				xas /960		ni)	
Name of Authorized Transporter of Casin	ghead Gas [	OT OF I	Dry Gas				ind, New M			
Oxy USA Inc.  If well produces oil or liquids,	Unit Se	ec. Tw	p. Rge.	is gas actually		Whe				
ive location of tanks.	$\beta$	36 17	5   35 E		<u>~</u>	l				
this production is commingled with that	from any other	lease or pool	l, give comming!	ing order numl	<b></b>				<u></u>	
v. COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back  S	ame Res'v	Dist Res'v	
Designate Type of Completion  Date Spudded	- (X) Date Compl. 1	Ready to Pro	<u> </u> xt.	Total Depth	<u> </u>	_l	P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)  Name of Producing Formation			Top Oil/Gas	Top Oil/Gas Pay			Tubing Depth			
			mer/M	•						
Perforations							Depth Casing	2poe		
	ווד	RING C	ASING AND	CEMENTI	NG RECO	RD				
HOLE SIZE		CASING & TUBING SIZE			DEPTH SE		SA	SACKS CEMENT		
HOLE SIZE								<u></u>		
								<del></del>		
	<del></del>			1						
V. TEST DATA AND REQUE	ST FOR AL	LOWAL	LE							
OIL WELL (Test must be after	recovery of total	I volume of l	oad oil and must	be equal to or	exceed top a	llonable for 1	his depth or be for	full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Test			Producing M	ethod (Flow,	pump, gas iyi	, eic. <i>j</i>			
Length of Test	Tuhing Press	Tubing Pressure			Casing Pressure			Choke Size		
renku or test	Tantile Licesoft							C VCC		
Actual Prod. During Test	Oil - Bbls.			Water - Bbis.			Gas- MCF			
GAS WELL	_1									
Actual Prod. Test - MCF/D	Length of Te	si		Bbls. Coade	n441e/MMCF		Gravity of Co	8168230B		
	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size	Choke Size		
Testing Method (pilot, back pr.)	I DOING PICES				,/					
VI. OPERATOR CERTIFIC	CATE OF (	COMPL	IANÇE			NSFR	VATION E	OIVISIO	NC	
I hereby certify that the rules and regu	ulations of the Oi	ii Conscrvati	ion	∥ '						
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					Date Approved FEB 2 2 1990					
<i>A</i>	. /		1	Dall	, whice					
Bonnie Sproband					By ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR					
Signature	,	n .				1	ISTRICT I SU	PERVISO	7	

Date

Printed Name 2-9-90

Bonnie Husband

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

Title

with Rule 111. 2) All sections of this form must be filled out for allowable on new and recompleted wells.

Engineering Tech Tide (915) 683-4434

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.