		ral Resources Department	Form C+104 Revised 1-1-89 See Instructions at Bottom of Page
P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVA P.O. Bo	x 2088	
P.O. Drawer DD, Artesia, NM 88210	Santa Fe, New Me	xico 87504-2088	
<u>DISTRICT III</u> 1000 Rio Brazos Rd., Aztec, NM 87411 I.	REQUEST FOR ALLOWAB	LE AND AUTHORIZATIO	N
Operator		W	ell API No.
PLAINS PETROLEUM OPE	RATING COMPANY		
Address 415 W. Wall, Suite 2	2110 Midland	, Texas 79701	
Reason(s) for Filing (Check proper box New Well Recompletion	Change in Transporter of: Oil Dry Gas	Other (Please explain)	
Change in Operator	Casinghead Gas Condensate	Instead Roph Diaz	a Suite 300. Roswell. New Mex
If change of operator give name Miland address of previous operator	rphy Operating Corporatio	400 N. Pennsylva	a, Suite 300, Roswell, New Mex nia Ave. 80202
II. DESCRIPTION OF WEL		ng Formation	ind of Lesse Lasse No.
Todd Lower San Andre		San Andres Assoc.	Hate, Federal or Fee State E-10047
Location	0110	South Line and 1980	Feet From TheEastLine
Unit Letter			10 - 10 and 10 - 10
Section 36 Town	aship 7S Range	35E NMPM, Rooseve	elt County
III. DESIGNATION OF TRA	ANSPORTER OF OIL AND NATU	RAL GAS	roved copy of this form is to be sent)
Name of Authorized Transporter of Oi	I I or Condensate	Address (Give address to which appr Box 2436, Abilene,	
Pride Pipeline Compa Name of Authorized Transporter of Ca		Address (Give address to which app	roved copy of this form is to be sent)
Oxy USA Inc	Unit Sec. Twp. Rge.	Bluitt Plant, Milne is gas actually connected?	sand, New Mexico 88125 When 7
If well produces oil or liquids, give location of tanks.	Unit   Soc.   Twp.   Age.   B   36   75   35E	yes	
If this production is commingled with t	hat from any other lease or pool, give comming	ing order number:	
IV. COMPLETION DATA	Oil Well Gas Well	New Well   Workover   Deep	pen Plug Back Same Res'v Diff Res'v
Designate Type of Completi		Total Depth	P.B.T.D.
Date Spudded	Date Compl. Ready to Prod.		
Elevations (DF, RKB, RT, GR, elc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations		I	Depth Casing Shoe
	TUBING, CASING AND	CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
V. TEST DATA AND REQU	JEST FOR ALLOWABLE	<u>ا</u> ر	
OIL WELL (Test must be af	ter recovery of total volume of load oil and mus	t be equal to or exceed top allowable f Producing Method (Flow, pump, gas	for this depth or be for full <b>24 hours.)</b> s lýt, etc.)
Date First New Oil Run To Tank	Date of Test		
Leagth of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF
GAS WELL			Creating of Condensate
Actual Prod. Test - MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-is)	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 FEB 2 2 1990 Date Approved	
Signature Bonnie Husband Printed Name 2-9-90	Engineering Tec F Tille (915) 683-4434	h Tille DIS	TRICT 1 SUPERVISOR
Date	Telephone No.		

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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.