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

State of New Mexico Energy, wainerals and Natural Resources Department

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

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

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Well Al'I No. Operator PLAINS PETROLEUM OPERATING COMPANY Address 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.

80202 400 N. Pennsylvania Ave. 80202 II. DESCRIPTION OF WELL AND LEASE Kind of Lease Lease Na Well No. Pool Name, Including Formation Sec. Lease Name State, Federal or Fee Todd Lower San Andres Assoc. Todd Lower San Andres Unit ed LC-062529-15 Location 330 Feet From The Southline and 1650 Feet From The Unit Letter _ Roosevelt 7S Range 35E. NMPM, 25Township III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil Address (Give address to which approved copy of this form is to be sent) or Condensate Name of Authorized Transporter of Casinghead Gas or Dry Gas [Address (Give address to which approved copy of this form is to be sent) \square When 7 Twp. Rge. Is gas actually connected? If well produces oil or liquids, give location of tanks. Sec. Unit 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 Gas Well New Well | Workover Oil Well Designate Type of Completion - (X) Total Depth P.D.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 DEPTH SET 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 lyl, etc.) Date First New Oil Run To Tank Date of Test Choke Size Casing Pressure Tubing Pressure Length of Test Gas- MCF Water - Bbls Oil - Ibls. Actual Prod. During Test **GAS WELL** Gravity of Condensate Bbls. Condensale/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 FEB 1 9 1990 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 . Hustand ORIGINAL SIGNED BY JERRY SEXTON DISTRICT | SUPERVISOR

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

Signature

Date

Bonnie

2-9-90

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

Title __

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

Engineering Tach

(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.