Submit 5 Copies											
Appropriate District Office											
DISTRICT											
PO Box 1980 Hobbs	NM	11240									

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

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

## State of New Mexico Ene. , Minerals and Natural Resources Department

I.

## OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION

•	T	OTRA	NSP	OF	AT OIL	AND NAT	URAL GA	<u>AS</u>	Well A	PI No.			
Operator PLAINS PETROLEUM OPER	. <u></u>												
Address 415 W. Wall, Suite 21	10			Mi	dland	, Texas	79701				• <u></u>		
Reason(s) for Filing (Check proper box) iew Weil  Recompletion Change in Operator	Oil Casinghead		Dry G Conde	jas cosau	 د		s (Please expl	-					
change of operator give name Mult	phy Oper	rating	; Co1	rpo	ratio	on - Unit	ed Bank	Pla	za,	Suite 3	00, Rosw	<u>e11, New</u> 8020	
I. DESCRIPTION OF WELL	AND LEA	SE				. 400	N. renn	Syrv	ania	AVE.			
Lesse Name Sec. 35 Todd Lower San Andres		Well No. Pool Name, Including					g Formation San Andres Assoc.			Federal or Fee State 0G-1395			
Location I Unit Letter	_:1	.980	_ Feet i	From	The	South Line	and66	0	Fœ	t From The _	East	Line	
Section 35 Townsh	ip 7	S ·	Range	e		35E , NI	MPM, Ro	osev	<u>elt</u>			County	
II. DESIGNATION OF TRAN				ND	NATU	RAL GAS		<u></u>		anny of this (	arm is to be se	at)	
Name of Authorized Transporter of Oil	LX_	or Conde	nsale			Address (Give address to which approved copy of this form is to be sent) Box 2436, Abilene, Texas 79604							
Pride Pipeline Company Name of Authorized Transporter of Casing			or Dr	y Ga	•	Address (Giv	Address (Give address to which approved copy of this form is to be sent)						
Oxy USA Inc	Anc				Bluitt	Bluitt Plant, Milnesan is gas actually connected? When							
if well produces oil or liquids, ive location of tanks.		s∝. 35	Twp.   75		35E		1es	1	VI INCIA	•			
this production is commingled with that	from any othe			_			ber:						
V. COMPLETION DATA		<u> </u>				-, <del></del>	·			Dive Deek	Same Res'v	Diff Res'v	
Designate Type of Completion	- 00	Oil Wei	1 [	Gai	s Well	New Well	Workover 		xpen   	Flug Dack	Same Kes V		
Designate Type of Compression						Total Depth	Total Depth			P.D.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas	Top Oil/Gas Pay			Tubing Depth				
Perforations						.4				Depth Casir	ng Shoe		
	T	UBING	, CAS	SINC	G AND	CEMENTI	NG RECOI	Ð		······			
HOLE SIZE		CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT				
							<u> </u>				· · · · · · · · · · · · · · · · · · ·		
						]				<u> </u>			
V. TEST DATA AND REQUE DIL WELL (Test must be after	ST FOR A	LLOW	AUL	E doil	and mus	1 be equal 10 01	exceed top al	lowable	e for this	depih or be	for full 24 hou	es.)	
DIL WELL (Test musi be after Date First New Oil Run To Tank	Date of Tes					Producing M	ethod (Flow, p	ownyp, g	as lýt, e	IC.)			
Leagth of Test	Tubing Pre	Tubing Pressure				Casing Press	Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.	Oil - Bbls.				Waler - Bbis.			Gas- MCF				
GAS WELL		Tac!				Bbls. Conde	nute/MMCF			Gravity of	Condensate		
Actual Prod. Test - MCF/D	Leagon of	Leagth of Test											
Testing Method (pilot, back pr.)	Tubing Pre	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size				
VI. OPERATOR CERTIFIC	CATE OF	COM	PLIA		CE	11	OILCO						
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.				Date	Date Approved FEB 2 2 1990								
Bon	nula	hist	ar	Ø						•••			
Signature Bonnie Husband	ie Hushand Engineering Tech					h	ByORIGINAL SUGNED BY JEARY SEXTON DISTRICT I SUPERVISOR Title						
2-9-90 Date			) 68 lephon		4434		- <u></u>						

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.