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

## State of New Mexico Energy, Minerals and Natural Resources Department

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 Brazos Rd., Aztec, NM 87410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.	_	TO TRAN	SPORT OIL	AND NA	TURAL GA					
perator PLAINS PETROLEUM OPERATING COMPANY										
Address 415 W. Wall, Suite	2110		Midland	d, Texas	79701					
Reason(s) for Filing (Check proper bo	r)			Out	ner (Please explo	iin)	······································			
New Well  Recompletion  Change in Operator	Oil Casinghead	_	ransporter of: bry Gas							
If change of operator give name and address of previous operator	urphy Ope	rating (	Corporatio	on - Uni	ted Bank	Plaza,	Suite 3	00, Ros	well, New	
II. DESCRIPTION OF WEL	L AND LEA	ASE		. 400	N. Penns	sylvania	a Ave.		8020	
Lease Name S Todd Lower San Andr	ec. 30	Well No. Po	ool Name, Includ Todd Lower		dres Asso		of Lease Federal or Fe	.	Lesse No. NM=0139989	
Location Unit LetterL	······ ; ········	611.3 F	eet From The	West Lin	e and198	80 Fe	et From The	South	1Line	
Section 30 Town	ıship	7S <sub>R</sub>	ange	36E , N	MPM, Roc	seve1t	·		County	
III. DESIGNATION OF TR	ANSPORTE	R OF OIL	AND NATU	RAL GAS						
Name of Authorized Transporter of Oi	·	Address (Give address to which approved copy of this form is to be sent)								
Pride Pipeline Company				Box 2436, Abilene, Texas 79604  Address (Give address to which approved copy of this form is to be sent)						
Name of Authorized Transporter of Casinghead Gas (X) or Dry Gas (二) Oxy ひんみ ふん				Bluitt Plant, Milnesand, New Mex						
If well produces oil or liquids, give location of tanks.	Unit		wp.   Rge.	is gas actual	ly connected?	When				
If this production is commingled with t	<del></del>		75   36E		fes ber:		<u> </u>			
IV. COMPLETION DATA		Oil Well	Gas Well	New Well		Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion		<u>i                                     </u>	<u>i</u>	j 	<u>i</u>	İ	ļ	<u> </u>	_i	
Date Spudded	Date Comp	ol. Ready to Pr	rod.	Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Perforations				·I			Depth Casing Shoe			
TUBING, CASING				CEMENTI	NG RECOR	D				
HOLE SIZE	CAS	SING & TUBI	NG SIZE	DEPTH SET				SACKS CEMENT		
					<del></del>		ļ			
V. TEST DATA AND REQU	EST FOR A	LLOWAE	LE	<u> </u>			1			
OIL WELL (Test must be aft	er recovery of lo	tal volume of l						for full 24 ho	urs.)	
Date First New Oil Run To Tank	Date of Tes	al.		Producing M	ethod (Flow, pu	mp, gas lýt, e	ic.)			
Length of Test	Tubing Pres	Tubing Pressure			Casing Pressure			Choke Size		
Actual Prod. During Test	Oil - Bbls.	Oil - Bbls.			Water - Bbis.			Gas- MCF		
GAS WELL						<del></del>	· <del>/</del>			
Actual Prod. Test - MCF/D	Length of T	i est		Bbls. Condensate/MMCF			Gravity of Condensate			
Festing Method (pitot, back pr.)	Tubing Pres	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size		
VI. OPERATOR CERTIF					OIL CON	ISFRV	ATION	DIVISIO	 NO	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above							FEB 2 2 1990			
is true and complete to the best of r	ny knowledge an	d belief.		Date	Approve	d	LER	6 6 13	JU	
Grum	10 Min	rliand	1		-				AI <sup>7</sup>	
Signature				By ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR						
Bonnie Husband Printed Name		Ti	ring Tech	Title		DISTRICT	1 BOLEKA			
2-9-90 Date			583-4434 one No.							

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

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- 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.