State of New Mexico
Energy, Minerals and Natural Resources Department

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator	Well API No.
PLAINS PETROLEUM OPERATING COMPANY	

Address
415 W. Wall, Suite 2110   Midland, Texas 79701

Reason(s) for Filing (Check proper box)

		Change in Transporter of:		Other (Please explain)
New Well	☐			
Recompletion	☐	Oil	☐ Dry Gas ☐	
Change in Operator	☒	Casinghead Gas ☐ Condensate ☐		

If change of operator give name and address of previous operator Murphy Operating Corporation – United Bank Plaza, Suite 300, Roswell, New Mex.
400 N. Pennsylvania Ave.   80202

II. DESCRIPTION OF WELL AND LEASE

Lease Name Sec. 35 Todd Lower San Andres Unit	Well No. 7	Pool Name, Including Formation Todd Lower San Andres Assoc.	Kind of Lease State, Federal or Fee	Lease No. State OG-1395

Location
Unit Letter ___G___ : __1980__ Feet From The __North__ Line and __1980__ Feet From The __East__ Line

Section __35__ Township __7S__ Range __35E__ , NMPM, Roosevelt   County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)
Pride Pipeline Company	Box 2436, Abilene, Texas 79604

Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)
Oxy USA Inc.	Bluitt Plant, Milnesand, New Mexico 88125

If well produces oil or liquids, give location of tanks.	Unit A	Sec. 35	Twp. 7S	Rge. 35E	Is gas actually connected? Yes	When ?

If this production is commingled with that from any other lease or pool, give commingling order number: _____

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (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.)

Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	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.

Signature _Bonnie Husband_

Printed Name Bonnie Husband   Title Engineering Tech

Date 2-9-90   Telephone No. (915) 683-4434

OIL CONSERVATION DIVISION

Date Approved ____FEB 2 2 1990____

By ____ORIGINAL SIGNED BY JERRY SEXTON____
DISTRICT I SUPERVISOR

Title _____