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Appropriate District Office
DISTRICTA
P.O. Bax 1980, Hobbs, NM 88240

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State of New Mexico
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., Aziec, NM 87410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

		10 In	MOLC	JA I OIL	- AND NA	TOTIAL OF	Well A	bl Na			
Operator PLAINS PETROLEUM OPE	RATING C	OMPANY	Ţ.				Well A	LP1 140.			
ddress 415 W. Wall, Suite 2	110		M	lidla nd	l, Texas	79701			•		
eason(s) for Filing (Check proper box					Oth	et (Please explo	າບ່າ)				
lew Well	,	Change in	Тгаваро	nter of:							
ecompletion	Oil		Dry Gar								
hange in Operator	Casinghea	d Gas	Conden								
						1 D 1	D1	C. de . C	200 Poor	no 11 Morr	
d address of previous operator	 		Corp	oratio	on - Unit	N. Penns	riaza, sylvania	Ave.	ou, Rosv	well, New 8020	
. DESCRIPTION OF WEL	L.AND LEA		Bool No	me Includ	ing Engration	 	Kind	x Lease	I.	esse No.	
Lease Name Sec. 35 Well No. Pool Name, Including Todd Lower San Andres Unit 5 Todd Lower					San Andres Assoc. State			Federal or Fee State 0G-1395			
	5 020	15	1 - 7 - 1						ISLALE		
ocation Unit Letter \underline{E}		1980	_ Feet Fre	om The	North Lin	e and66	<u> </u>	et From The	West	Line	
		~~				_					
Section 35 Town	ship	7S	Range		35E , NI	мрм, Ко	<u>osevelt</u>	·		County	
I. DESIGNATION OF TRA	INSPORTE	R OF O	IL ANI	D NATU	RAL GAS						
Name of Authorized Transporter of Oil or Condensate					Address (Give address to which approved copy of this form is to be sent)						
Insection soll					Box 2436, Abilene, Texas 79604						
lame of Authorized Transporter of Ca	singlicad Gas		or Dry	Gas	Address (Give address to which approved copy of						
					Bluitt	Plant, l	Milnesar	nd, New Mexico 88125			
well produces oil or liquids,	Unit				e. Is gas actually connected? When						
ve location of tanks.	i A I	35	175	135E			L				
this production is commingled with the	at from any oth	ner lease or	pool, giv	e comming	ling order num	ber:					
. COMPLETION DATA									•		
		Oil Wel	1 (Jas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completic	n - (X)	i	i		Í	1	1	Ī	1	. []	
Spudded Date Compi. Ready to Prod.					Total Depth			P.B.T.D.			
evations (DF, RKB, RT, GR, etc.)	Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth				
ter treatment and and											
erforations					_L			Depth Casi	ng Shoe		
		TIBING	CASIR	VC AND	CEMENTI	NG RECOR	ח				
10/5 0/75		TUBING, CASING AND				DEPTH SET			SACKS CEMENT		
HOLE SIZE	CASING & TUBING SIZE			DEF IN SCI			C. COLO CELLECT				
								 			
								 			
					- 	 					
moore o con a No Broth	ECC FOR	LLOW	ADLE					J			
. TEST DATA AND REQU	EST FOR A	ALLUM	ABLE				bla far thi	e death on he	for full 24 hou	er 1	
IL WELL (Test must be aft			of load o	oil and mus	i be equal to or	ethod (Flow, p	own one for int	s depin or be	JON JULI 24 1101		
tate First New Oil Run To Tank	Date of Te	্ব			Producing M	cuiou (1·10w, pi	ωτφ, χω τίμι, ε				
								Choke Size			
ength of Test	Tubing Pre	essure			Casing Press	ure		Choke 3126	•	e ere e	
								1700			
ctual Prod. During Test	Oil - Bbls.				Water - Bbls	•		Gas- MCF			
								<u></u>			
ZAC WELL											
GAS WELL LICINAL Prod. Test - MCF/D	Length of	Test			Bbls. Conde	sale/MMCF		Gravity of	Condensate		
ciual Prod. Test - MCP/D	Length Or	1 CAL			Bois. Conde						
	essure (Shu			Casing Pressure (Shut-in)		Choke Size					
sting Method (pitot, back pr.)	Tuoing Fri	eseme (sin	м-ш)		Casing Trees	010 (011.2 11.)					
								ــــــــــــــــــــــــــــــــــــــ			
I. OPERATOR CERTIF	ICATE OF	COM	PLIAN	ICE			ICEDV	ATION	DIVISIO	ואכ	
I hereby certify that the rules and re	gulations of the	Oil Conse	rvation		1	JIL COI	AOEUA.	AHON	DIVISIO	אוע	
Division have been complied with a	and that the info	rmation gi	ven above	;				CCD	1 0 100)U	
is true and complete to the best of r	ny knowledge 2	ind belief.		,	Date	Approve	ed	<u> </u>	1 9 199	<u>N'</u>	
A. I Dead					Bate / Pp. 0.00						
Donnu Shiotand					n .	ORIGINAL SIGNED BY JERRY SEXTONI BY DISTRICT I SUPERVISOR					
Signature	- cyl	- 			By_		ו בוע	KICI I SU	LEKAIZOS		
Bonnie Hushand		_Engi	neeri	ng Tecl	h	•,,					
Printed Name	r	O	Title	•	Title						
2-9-90			683								
Date		Te	lephone N	ło.	11						

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.