Submit 5 Copies
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

TO TRANSPORT OIL AND NATURAL GAS

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

| Operator PLAINS PETROLEUM OPERA | ATING COMPANY | " | en Arrivo. |
|--|---|--|---|
| Address 415 W. Wall, Suite 21 | | , Texas 79701 | |
| Reason(s) for Filing (Check proper box) | | Other (Please explain) | |
| New Well | Change in Transporter of: | _ | ļ |
| Recompletion | Oil Dry Gas | | |
| Thanne in Operator | Casinghead Gas Condensale | | |
| change of operator give name nd address of previous operator Mui | phy Operating Corporatio | on - United Bank Plaz 400 N. Pennsylva | a, Suite 300, Roswell, New Mer nia Ave. 80202 |
| I. DESCRIPTION OF WELL | AND LEASE | | |
| Lease Name Sec Todd Lower San Andres | 30 Well No. Pool Name, Includi | | ind of Lease Lease No. Lease, Federal or Fee Fed NM-0139989 A |
| Location | | | Feet From The East Line |
| Unit Letter P | - | outh Line and 660 | |
| Section 30 Townshi | ip 7S Range 30 | 6E , NMPM, Roose | velt County |
| THE DESIGNATION OF TRAN | NSPORTER OF OIL AND NATU | RAL GAS | |
| I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) | | | |
| Pride Pipeline Compan | ıy | Box 2436, Abilene, | Texas /9604 |
| Name of Authorized Transporter of Casin | nghead Gas X or Dry Gas | | oved copy of this form is to be sent) |
| Oxy USA Inc | | | sand, New Mexico 88125 |
| If well produces oil or liquids, give location of tanks. | Unit Sec. Twp. Rge. | The Bare and | When ? |
| | t from any other lease or pool, give comming | _l | |
| V. COMPLETION DATA | , nom any outsi reason poor, grand a | | him not |
| Designate Type of Completion | Oil Well Gas Well | New Well Workover D∞ | pen Plug Back Same Res'v Diff Res'v |
| Date Spudded | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. |
| | A Charles Transfer | Top Oil/Gas Pay | Tubing Depth |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | | |
| Perforations | | | Depth Casing Shoe |
| | TURING CASING AND | CEMENTING RECORD | |
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
| HOLE SIZE | 0/10/11/2 / 0/2/11/2 | | |
| | | | |
| | | | |
| V. TEST DATA AND REQUI | EST FOR ALLOWABLE | • | |
| OIL WELL (Test must be after | r recovery of total volume of load oil and mu | st 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, ga | s lyt, etc.) |
| Length of Test | Tubing Pressure | Casing Pressure | Choke Size |
| Length of Yes | 140106 1100000 | | Gas- MCF |
| Actual Prod. During Test | Oil - Bbls. | Water - Bbis. | 020 |
| CACMELI | | | |
| GAS WELL Actual Prod. Test - MCF/D | Length of Test | Bbis. Condensale/MMCF | Gravity of Condensate |
| | | Casing Pressure (Shut-in) | Choke Size |
| Testing Method (pilot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Girdens) | |
| VI. OPERATOR CERTIFI | ICATE OF COMPLIANCE | OIL CONSE | RVATION DIVISION |
| I hereby certify that the rules and regulations of the Oil Conservation | | OIL CONSCITYATION DIVISION | |
| Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief. | | Data Approved | FEB 2 4 1990 |
| Λ | / / | Date Approved _ | |
| Donnie Suoband | | By ORIGINAL SIGNED BY JERRY SEXTON | |
| Signature | | DISTRICT I SUPERVISOR | |
| Bonnie Husband Engineering Tech | | CNII | |
| Printed Name 2-9-90 | (915) 683-4434 | . 11116 | |
| Date | Telephone No. | | |
| | | | |

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
- 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.