Submit 5 Copies Appropriate District Office DISTRICT I 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 TO TRANSPORT OIL AND NATURAL GAS

		10 111/	11101	<u> </u>	0.2			T Wa	II API No.			
Operator PLAINS PETROLEUM OPER	ATING C	OMPANY	?						ai A) 110.			
Address 415 W. Wall, Suite 21	10			Mi	dland	, Texas 79701	•					
(eason(s) for Filing (Check proper box)						Other (Please	expla	in)				
New Well		Change in	Transp	porte	r of:	_						
Recompletion	Oil		Dry C	Jas								
hange in Operator	Casinghea	ad Gas 🔲	Conde	ensat	æ 🔲							
change of operator give name Man	1 0		Cai		ratio	n - United Ba	ink	Plaza	. Suite 3	00. Rosv	vell, New	
id address of previous operator			g CO.	ı po	latio	400 N. Pe	enns	ylvar	nia Ave.		802	
I. DESCRIPTION OF WELL	32	Wall No	Dool	Nam	e Includi	ng Formation			nd of Lease		ease No.	
Todd Lower San Andres		4	To	dd	Lower	San Andres	Asso	c. Si	Federal or Fe	State	K-3582	
Ocation Unit Letter		460	_ Feet i	From	The	North Line and	66	0	Feet From The	West	Line	
Section 32 Townsh	in	7S ·	Rang		36E	, NMPM,	R	oosev	elt		County	
Secuoli 10.44a					NATTI	DAL GAS						
II. DESIGNATION OF TRAI		or Conde	nsale	<u>ייטי</u>	- 17/K I U	Address (Give address	to wh	ich appro	oved copy of this j	orm is to be si	eni)	
Name of Authorized Transporter of Oil	🔽	or conne	-10416			Box 2436, A						
Pride Pipeline Compan						Address (Give address	<u> </u>	ich anne	wed conv of this	form is to be s	eni)	
Name of Authorized Transporter of Casi	ighead Gas	\square	or D	ry G	as []							
Oxy USA Inc			_,	 ,		Bluitt Plan				HEATCO	00127	
If well produces oil or liquids,	Unit	Sec.	Twp.		Rge.		ted?	i w	Then 7			
ive location of tanks.	i D	132	175	_	36E	yes			 			
this production is commingled with tha	t from any of	her lease o	r pool,	give	comming	ling order number:						
V. COMPLETION DATA	•									_,		
001111		Oil We	11	Ga	s Well	New Well Works	ver	Deep	en Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	ı - (X)	i	i			i i			J	<u> </u>		
ate Spudded Date Compl. Ready to Prod.					Total Depth			P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	Name of	Name of Producing Formation T				Top Oil/Gas Pay			Tubing De	Tubing Depth		
Perforations						<u> </u>		Depth Casi	Depth Casing Shoe			
		TURING	i. CA	SIN	G AND	CEMENTING RE	COR	D				
					DEPTH SET				SACKS CEMENT			
HOLE SIZE	- 	CASING & TUBING SIZE				50, 11, 02,						
												
	_	····				- 						
									 			
		- , - ,	==									
V. TEST DATA AND REQUI	est for	ALLOY	VABL	Æ				lanna Life d	an this danth as b	e for full 24 km	ours.)	
OIL WELL (Test must be after	recovery of	total volum	ue of loc	ad oi	I and mus	be equal to or exceed	top all	owable Je	Tin are 1	. jor just 44 110		
Date First New Oil Run To Tank	Date of T					Producing Method (F	iow, p	ump, gas	iyi, eic.j			
						<u> </u>			Choke Siz			
Length of Test	Tubing P	ressure				Casing Pressure			Choke SIZ	•		
									Gas- MCF			
Actual Prod. During Test	Oil - Bbl	s.				Water - Bbls.			Gas- MCI			
CACAMELI					- , , 							
GAS WELL Actual Prod. Test - MCF/D	Length o	of Test				Bbls. Condensate/Ml	NCF		Gravity of	Condensate		
ACIUAL PTOG. 1881 - MICE/ID	- Lugui C					1						
Testing Method (pitot, back pr.)	ck pr.) Tubing Pressure (Shut-in)					Casing Pressure (Shu	Casing Pressure (Shut-in)			Choke Size		
						-\						
VI. OPERATOR CERTIF	CATE C	F CON	IPLL	AN	CE			MCE	RVATION	ואומו	ON	
I hereby certify that the rules and re	gulations of t	he Oil Con	servatio	ac		II OIL		NOE	IVALION	וטואוטו	∵. ₹	
Division have been complied with a	nd that the in	noination (given al	bove	÷				בבט ט	2 1000	ì	
is true and complete to the best of n	ıy knowledge	and belief	•			Date App	าดง	ed	LERY	3 1990	,	
,	1	1				Date App	• •					
Sannie	Min	bane	1				O	RIGINA	L SIGNED BY	ほりさく cev	KTON	
Sincelland #2010/NULL	<u> </u>	WHILE VE				By			STRICT I SUP		<u> </u>	
Signature Bonnie Husband		Eno	inee	rir	g Tec	:h						
Printed Name	۴		Tit	Цe	•	Title						
2-9-90					-4434							
Date		7	Telepho	ne N	lo.	Ш						

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.
- 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.