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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

DISTRICT III 1000 Rio Benzos Rd., Aztec, NM 87410

DISTRICT II P.O. Deawer DD, Antesia, NM 88210

		O THANS	SPORT OIL	- ANU NA	I UNAL GA		API No.			
Operator PLAINS PETROLEUM OP	ERATING C	OMPANY	:							
Address			Midland,	Tovac	79701					
415 W. Wall, Suite Ressou(s) for Filing (Check proper box			ritutanu,		er (Please expla	in)				
New Well		Change in Tra	asporter of:							
Recompletion	Oil	`	y Gas 📙							
Change in Operator X	Casinghead	Gas Co	ndensate							
change of operator give name ad address of previous operatorM	urphy Ope	rating (Corporati	on - Uni	ted Bank	Plaza,	Suite	300. Ros	well, N. 80202	
I. DESCRIPTION OF WEL				:	N. Penn					
Lease Name	V 8						of Lease Federal or Fee Fed		Lease No. NM-0442161	
Bluitt San Andres Un Location	ا دينكر nit	B1	luitt San	Andres	ASSOC			1,50		
Unit LetterE	:	2086 Fee	st From The	North Lin	554	Fe	et From The	West	Line	
		oc		225		sevelt			County	
Section 18 Town	ship	OD Ka	nge	JOH , NI					County	
II. DESIGNATION OF TRA				RAL GAS	e address to wh	ich approved		form is to be s	eni)	
Name of Authorized Transporter of Oil Pride Pipeline Com		or Condensate		,	36, Ab11					
Name of Authorized Transporter of Cau	ninghead Gas	X or	Dry Gas		e address to wh				eni)	
	l Unit	Sec. Tw	m Poe	ls gas actuali	v connected?	When	?			
If well produces oil or liquids, jve location of tanks.	L .		S 38E	_	y commence.					
this production is commingled with the	at from any othe				ber:					
V. COMPLETION DATA	<u> </u>	loun u	l a wa	1 1 11 11	1 32-4	l Danner	Diva Dack	Same Res'v	Diff Res'v	
Designate Type of Completic	on - (X)	Oil Well	Gas Well	New Well	Workover	j Deepen. I	Plug Back	Pattie Kes A	Lill Kesv	
Date Compl. Ready to Prod.			d.	Total Depth			P.B.T.D.			
N. C. D. J. J. J. J. J. C. D. J. J. J. J.				Top Oil/Gas Pay			Tuhing Denth			
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oly Out 1 my			Tubing Depth			
erforations				<u>. L </u>			Depth Casir	ig Shoe		
		TIDING CA	CINC AND	CEMENT	NC PECOP	<u> </u>	<u> </u>			
1101 F 017F	TUBING, CASING AND				DEPTH SET	<u> </u>	SACKS CEMENT			
HOLE SIZE	CAS	CASING & TUBING SIZE			DEFINGLI					
							ļ			
. TEST DATA AND REQU	EST FOR A	LLOWARI	F	<u> </u>			<u></u>			
OIL WELL (Test must be after	er recovery of lo	tal volume of le	oad oil and must	be equal to or	exceed top allo	mable for thi	s depth or be	for full 24 hou	ers.)	
Date First New Oil Run To Tank	Date of Test			Producing Method (Flow, pump, gas lift, etc.)						
4.67	T \ The			Casing Press	LITE.		Choke Size	· · · · · ·		
Length of Test	Tubing Pressure			Casing Pressure						
Actual Prod. During Test	Oil - Bbls.			Water - Bbis	Water - Bbis.			Gas- MCF		
				1			1	····		
GAS WELL Actual Prod. Test - MCF/D	Length of T	Test		Bbls. Conde	sate/MMCF		Gravity of	Condensate		
TRANSPORT FOR THE PARTY	See again on a vot									
osting Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size			
A OBED LEON CENTER		COMPLE	ANCE	 			1			
VI. OPERATOR CERTIFIE I hereby certify that the rules and re					OIL CON	ISERV	ATION	DIVISIO	NC	
Division have been complied with a	and that the infor	mation given a	bove					CCD 9	3 1990	
is true and complete to the best of n	ny knowledge an	nd belief.		Date	Approve	d		red &	0 1000	
han	ne s	In Sa	nA					د من است. د من است. من است. من است. من است.	†ON	
Signature Signature	7	-		∥ By_		3.4461 SK	SNED GY	ERRY SEX	IUN	
Bonnie Husband		Engineer Ti				•	ICT SUPE			
Printed Name 2-9-90	- ((915) 6	83-4434	Title						
		T.11	aa No	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.