iubmit 5 Copies Appropriate District Office ISTRICT I LO. 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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

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

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

Santa Fe, New Mexico 87504-2088

| | | TO TRA | NSF | POR | TOIL | AND N | ATURAL | GAS | } | | | | |
|--|---|----------------------|----------|---------------------------------|-----------------|--|---------------------------|-------------------|-------------------|--------------------------|------------------|----------------------|--|
| Operator PLAINS PETROLEUM OPERATING COMPANY | | | | | | | | | Well A | PI No. | | - | |
| PLAINS PETROLEUM OPE | RATING | COMPAN | 1 | | | | | | | | | | |
| 415 W. Wall, Suite 2 | 110 | | M | 41d1 | and, | Texas | 79701 | | | | | | |
| Reason(s) for Filing (Check proper box) | | | | | | O | ther (Please | explain |) | | | | |
| New Wall | | Change in | . ' | • | of: | | | | | | | | |
| Recompletion | Oil | [| Dry (| | | | | | | | | | |
| Change in Operator X | Caringhea | | | densate | _=_ | | | | | | | | |
| change of operator give name and address of previous operator Mu | rphy Op | eratin | g Co | orpo | rati | on - Un | ited B | ank] | Plaza. | <u>Suite</u> | 300. Ros | well, N. Me 80202 | |
| II. DESCRIPTION OF WELL | AND LE | ASE | | | | 40 | 00 N. P | enns | | | | | |
| Lease Name | 18 | Well No. | | | | ng Formatio | | | | of Leuse Federal or F | _ | ease No. | |
| Bluitt San Andres Un | it 사고 | 13 | B1u | uitt | San | Andres | Assoc | | , State, | 10000 | Fed N | M0509201 | |
| Location M | | 660 | | | 9 | South | 6 | 660 | _ | | West | line | |
| Unit Letter | _ : | | _ Feet | From ' | The | L | ine and | | Fe | et From The | | Line | |
| Section 18 Townsh | ıip | 8S | Rang | ge | 3 | 38E | NMPM, I | Roose | evelt | | | County | |
| | | | | | | |].¥ | | | , # ₂ : | | | |
| III. DESIGNATION OF TRAI | NSPORTE | ER OF O | IL A | ND N | <u>UTAP</u> | RAL GA | $S \rightarrow b \gamma$ | € () € 44 JUNE | k ammania | conv of this | form is to be s | entl | |
| Name of Authorized Transporter of Oil Pride Pipeline Comp | an X | or Conde | nsaic | |] . | 1 | | | | | | , | |
| Name of Authorized Transporter of Casi | | | or De | ry Gas | | | | | | copy of this | form is to be s | ent) | |
| Prince of Authorized Transporter of Case | iRicen Cer | ندا | U, D. | ., 👊 | ' LJ | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | | - | | |
| If well produces oil or liquids, | Twp | | | Is gas actually connected? When | | | | 7 | | | | | |
| give location of tanks. | <u> </u> | <u> </u> | 18: | | <u> 38E</u> | <u> </u> | | | L | | | | |
| If this production is commingled with the | t from any of | her lease or | pool, | give co | omming | ling order au | unber: | | | | | | |
| IV. COMPLETION DATA | | lo:: w.i | 1- | | Well | l New We | il Workov | 105 | Deepen | Plug Back | Same Res'v | Diff Res'v | |
| Designate Type of Completion | ı - (X) | Oii Wei | 1 I | GAS | A CII | I New We | a į warko | | Deepen | 1 | | | |
| Date Spudded | | ipl. Ready i | o Prod | J. | | Total Dept | h | | | P.B.T.D. | | | |
| | | | | | | | | | | | | | |
| evations (DF, RKB, RT, GR, etc.) Name of Producing Formation | | | | | Top Oil/Gas Pay | | | | Tubing Depth | | | | |
| | | | | | | | | | Depth Casing Shoe | | | | |
| Perforations | | | | | | | | | | Depui Cas | ing Silve | | |
| | | TUDING | CAS | CINIC | ANID | CEMENT | TING DEC | CORD | | <u> </u> | | | |
| | | | | | | D CEMENTING RECORD DEPTH SET | | | | SACKS CEMENT | | | |
| HOLE SIZE | - CA | CASING & TUBING SIZE | | | | DEI III DEI | | | | | | | |
| | | | | | | | | | | | | | |
| | 1 | | | | | | | | | | | | |
| | | | | | | | | | | <u> </u> | | | |
| V. TEST DATA AND REQUI | ST FOR | ALLOW | ABL | Æ | | | | alla | able for the | ir dansk or h | e for full 24 ho | urs l | |
| OIL WELL (Test must be after | | | e of loa | ad oil a | and musi | Producing | Method (Fla | w. num | w. ras lift. | elc.) | e jor jan 24 no | | |
| Date First New Oil Run To Tank | Date of To | e M | | | | 1100000 | | , | 7,0 | • | | | |
| Length of Test | Tubing Pressure | | | | | Casing Pressure | | | | Choke Size | | | |
| Lugu de 144 | | uoting Treasure | | | | | | | | | | | |
| Actual Prod. During Test | Oil - Bbls | Oil - Bbls. | | | | Water - Bbis. | | | | Gai- MCF | | | |
| | | | | | | | | | | | | | |
| GAS WELL | | | | | | | | | | | | | |
| Actual Prod. Test - MCF/D | ual Prod. Test - MCF/D Length of Test | | | | | Bbis. Con | densate/MM | CF | | Gravity of Condensate | | | |
| | | | | | | | | | | 75 at 51-2 | | | |
| Testing Method (pitot, back pr.) | | | | | | Casing Pressure (Shut-in) | | | | Choke Size | | | |
| | | | | | | | | | | J | | | |
| VI. OPERATOR CERTIFIC | | | | | E | | | :ON: | SERV | ATION | DIVISIO | NC | |
| I hereby certify that the rules and regulations of the Oil Conservation | | | | | | | OIL CONSERVATION DIVISION | | | | | | |
| Division have been compiled with and that the information given above is true and complete to the best of my knowledge and belief. | | | | | Date Approved | | | | FEB 2 3 1990 | | | | |
| · · · · · · · · · · · · · · · · · · · | 1 | 1 | , | , | | Da | ne whhi | OVEC | | | | | |
| Bornie Sustand | | | | | | By ORIGINAL STONER, BY JERRY SEXTON | | | | | | (TON | |
| Signature | | | | | | By ORIGINAL SIGNIE BY JERRY SEATON DISTRICT I SUPERVISOR | | | | | | | |
| Bonnie Husband Engineering Tech | | | | | Title | | | | | | | | |
| Printed Name 2-9-90 | • | (915) | 68 | 3-4 | 434 | In | ıe | | | | | | |
| Date | | Te | lephon | e No. | | 11 | | | | | | | |
| | الخارق مي المراجع الم | | | | | سيحسبك | | | | کسر میں | | | |

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.

FILE OFFICE