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

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

•	T	OTRA	NSPO	RT OIL	AND NAT	TURAL GA		<del></del>			
Operator PLAINS PETROLEUM OPERA	ATING C	OMPANY	7				Well A	.PI No.			
Address				land	Toyas	79701					
415 W. Wall, Suite 21 Reason(s) for Filing (Check proper box)	10		MIG	land,		r (Please expla	in)				
New Well Recompletion Change in Operator	Oil Casinghead	Change in	Transporte Dry Gas Condense								
•			Corp	oratio	on - Uni 400	ted Bank N. Penn	<u>Plaza.</u> sylvania	Suite 3 a	300, Ros	well. N. N 80202	
I. DESCRIPTION OF WELL A			Pool Nan	ne, Includi	ng Formation			of Lease	L	ease No.	
Bluitt San Andres Uni		1	l .		Andres	Assoc	State,	Federal or Fee	Fed N	40137105	
Unit Letter A	: 660		. Feet From	m The Nor	cth Lin	and660	Fe	et From The	East	Line	
Section 24 Township	,	8S ·	Range	37E	E , N	MPM, Roos	sevelt_			County	
II. DESIGNATION OF TRAN	SPORTE	R OF O	IL AND	NATU	RAL GAS						
Name of Authorized Transporter of Oil or Condensate Pride Pipeline Company  Name of Authorized Transporter of Casinghead Gas or Dry Gas						Address (Give address to which approved copy of this form is to be sent)  Box 2436, Abilene, Texas 79604					
Name of Authorized Transporter of Casing	Address (Give address to which approved copy of this form is to be sent)										
f well produces oil or liquids, ive location of tanks.	Ai	Sec. 24	Twp.	Rge. 37E	is gas actuali		When	7			
this production is commingled with that I V. COMPLETION DATA	rom any othe	er lease or	pool, give	commingl	ing order num	ber:				,	
Designate Type of Completion	- (X)	Oil Well	G	as Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded		Date Compl. 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			
Perforations									Depth Casing Shoe		
TUBING, CASING AND					CEMENTI	NG RECOR	D				
HOLE SIZE	SING & TI	JBING SI	IZE	DEPTH SET			SACKS CEMENT				
V. TEST DATA AND REQUES OIL WELL (Test must be after r	T FOR A	LLOW	ABLE	il and must	be equal to of	exceed top all	owable for th	is depth or be	for full 24 hos	urs.)	
Date First New Oil Run To Tank  Date of Test					be equal to or exceed top allowable for this depth or be for full 24 hours.)  Producing Method (Flow, pump, gas lift, etc.)						
Length of Test	Tubing Pressure				Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.			Gas- MCF			
GAS WELL						48108			Condensate		
Actual Prod. Test - MCF/D	Length of Test				Bbis. Condensate/MMCF			Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFIC  1 hereby certify that the rules and regul				CE		OIL COI	NSERV	ATION	DIVISIO	NC	
Division have been complied with and is true and complete to the best of my	that the infor	rmation giv	ven above		Date	e Approve	ed	F	EB 23	1990	
Bonnie	Sust	ana	<u>L</u>		By_	••		GNED BY .	JERRY SEX	TON	
Signature Bonnie Husband Engineering Tech Title					DISTRICT I SUPERVISOR Title						
2-9-90		(915)	683-	-4434 h	11/16	<i></i>			•		
Date		16	lephone N	w.	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.
- 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.