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

					1			
PLAINS PETROLEUM OPERA	ATING COMPANY	<u>:</u>						
Address								
415 W. Wall, Suite 211	10	Midland,	Texas 7	9701				
Reason(s) for Filing (Check proper box)			Other	(Please explai	n)			
New Well	Change in	Transporter of:						1
Recompletion	Oil 🔲	Dry Gas						
· —	_	Condensate						
strange in opinion			<del></del>					
change of operator give name and address of previous operatorMUTI	phy Operating	Corporation	on - Unit 400	ed Bank N. Penns	<u>Plaza,</u> svlvania	Suite 3	00, Ros	well, N. 80202
I. DESCRIPTION OF WELL A	AND LEASE							<del></del> _
ease Name		Pool Name, Includi	ng Formation			Lease	_	ease No.
Bluitt San Andres Unit	thec 4	Bluitt San	Andres A	Assoc	State, i	Federal or Fee	Fed N	IM-044216B
ocation								
מ	, 660	Feet From The	Vest 1 inc	and 510	Fer	et From The	North_	Line
Unit Letter	. i	rect riom the						
Section 19 Township	8S	Range 3	38E , NM	IPM, Roos	evelt			County
Section 19 Township		Kenge	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	g Roos	Sex Series			
T DECIGNATION OF TRANS	CDODTED OF OI	I AND NATU	DAT CAS					
II. DESIGNATION OF TRANS	as Candan		Address (Give	address to wh	ich approved	copy of this fo	rm is to be s	eni)
Name of Authorized Transporter of Oil Pride Pipeline Company			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	head Gas X	or Dry Gas	Address (Give	address to wh	ich approved	copy of this Jo	rm is io oe s	enu)
OXY USA Anc.	· .				56.			
f well produces oil or liquids,	Unit Sec.		Is gas actually	connected?	When	7		
ve location of tanks.	i <i>L 1 18</i> 1	85   38E						
this production is commingled with that f	rom any other lease or 1	ood, give comming	ling order numb	er:				
V. COMPLETION DATA			•	<del></del>				
V. COM BETTON BATTLE	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Designate Type of Completion -		1 023 11611	1 11000 11000 1	· · · · · · ·	, 200pon . 1			i
	Date Compl. Ready to	l	Total Depth		l	P.B.T.D.		
Date Spudded	Date Compt. Ready to	riod.				1.5.1.5.		
	<u> </u>		Top Oil/Gas I	Day.		Tables Des		
elevations (DF, RKB, RT, GR, etc.)	Name of Producing Fo	rmation	Top Cit Cas I	<b>-</b> y		Tubing Dept	n ·	ļ
			<u> </u>			Depth Casin	- Chas	
Perforations						Depui Casin	g anoe	
						<u> </u>		
	TUBING,	<b>CASING AND</b>	CEMENTI	NG RECOR	<u>D</u>			
HOLE SIZE	CASING & TU	CASING & TUBING SIZE		<b>DEPTH SET</b>		SACKS CEMENT		
11022 0.23								
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/, TEST DATA AND REQUES OIL WELL (Test must be after t	ecovery of total volume	of load oil and mus	t be equal to or	exceed top allo	owable for this	s depth or be	for full 24 ho	ws.)
OIL WELL (Test must be after r	Date of Test	of load oil and mus	t be equal to or Producing Me	exceed top allow thou (Flow, pu	owable for thi ump, gas lift, e	s depth or be j	for full 24 ho	ows.)
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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.