Location	Lesse No. Lesse No. tate K-6285 ast Line County to be sent) to be sent) 1co 88125
IDDU Rio Biazzos Rd, Aztec, NM 87410         REQUEST FOR ALLOWABLE AND AUTHORIZATION         I. TO TRANSPORT OIL AND NATURAL GAS         Operator         Operator         Address         415 W. Wall, Suite 2110         Midland, Texas 79701         Research () for Fling (Check proper box)         New Weil         Change in Transporter of:         Condectsus         Murphy Operating Corporation - United Bank Plaza, Suite 300,         Address of previous operator         Murphy Operating Corporation - United Bank Plaza, Suite 300,         Address of previous operator         Murphy Operating Corporation - United Bank Plaza, Suite 300,         Address of previous operator         Murphy Operating Corporation - United Bank Plaza, Suite 300,         Address of previous operator         Murphy Operating Corporation - United Bank Plaza, Suite 300,         Address of previous operator         Velt IND         Description OF WELL AND LEASE         Less Sec 32         Towaship         Todd Lower San Andres Asso	Lesse No. Lesse No. tate K-6285 ast Line County to be sent) to be sent) 1co 88125
Operator       Well API No.         PLAINS PETROLEUM OPERATING COMPANY       Well API No.         Address       415 W. Wall, Suite 2110       Midland, Texas 79701         Reson(c) for Filing (Check proper box)       Dange in Transporter of:       Other (Please explain)         New Well       Change in Transporter of:       Other (Please explain)         New Well       Change in Transporter of:       Casinghead Gas       Condensate         It change of operator give name and address of previous operator       Murphy Operating Corporation - United Bank Plaza, Suite 300, 400 N. Pennsylvania Ave.         II. DESCRIPTION OF WELL AND LEASE       Fool Name, Including Formation       Kind of Lase         Lesse Name       Sec 32       Well No.       Pool Name, Including Formation         Todd Lower San Andres Unit       7       Todd Lower San Andres Assoc.       Stats Federal or Fee         Unit Letter       G       :       1780       Feet From The North Line and 1980       Feet From The Explored copy of this form is         Name of Authorized Transporter of Oil       Image or Condensate       Address (Give address to which approved copy of this form is         Name of Authorized Transporter of Casinghead Gas       X       or Condensate       Address (Give address to which approved copy of this form is         Name of Authorized Transporter of Casinghead Gas       X       or	Lesse No. Lesse No. tate K-6285 ast Line County to be sent) to be sent) 1co 88125
Address       415 W. Wall, Suite 2110       Midland, Texas 79701         Reason(i) for Filing (Check proper bas)       Other (Please explain)         New Well       Change in Transporter of       Other (Please explain)         Recompletion       Oil       Dry Gas       Other (Please explain)         Recompletion       Oil       Dry Gas       Other (Please explain)         If change of operator       Murphy Operating Corporation - United Bank Plaza, Suite 300, 400 N. Pennsylvania Ave.         II. DESCRIPTION OF WELL AND LEASE       400 N. Pennsylvania Ave.         Izase Name       Sec 32       Todd Lower San Andres Sec 32         Todd Lower San Andres Unit       7       Todd Lower San Andres Assoc.         Section       32 Township       75       Range         Section       32 Township       75       Range         Name of Authorized Transporter of Oil       To Condensite       Address (Give address to which approved copy of this form is box 2436, Abilene, Texas 79604         Name of Authorized Transporter of Casinghead Gas       To ron Dry Gas       Buitt Plant, Milmesand, New Mex         If well produces oil or liquids, jve koatine is consinglead Gas       To ron gas       Address (Give address to which approved copy of this form is box 2436, Abilene, Texas 79604         Name of Authorized Transporter of Casinghead Gas       To ron freg as actually connected?	Lesse No. Lesse No. tate K-6285 ast Line County to be sent) to be sent) 1co 88125
415 W. Wall, Suite 2110       Midland, Texas 79701         Reason(i) for Filing (Check proper bax)       Other (Please explain)         New Well       Change in Transporter of:         Recompletion       Oil       Dry Gas         If change of operator (2)       Casinghead Gas       Condensate         If change of operator give name and address operator       Murphy Operating Corporation - United Bank Plaza, Suite 300, 400 N. Pennsylvania Ave.         II. DESCRIPTION OF WELL AND LEASE       400 N. Pennsylvania Ave.         Izase Name       Sec 32         Todd Lower San Andres Unit       7         Todd Lower San Andres Unit       7         Todd Lower San Andres Unit       7         Rescion       32         Township       7         Range       36E         NMFM, Roosevelt         III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS         Mame of Authorized Transporter of Oil         Year       or Condensate         Address (Give address to which approved copy of this form is 0xy         Name of Authorized Transporter of Oil       Year         Year       G         Name of Authorized Transporter of Oil       Year         Year       G         Name of Authorized Transporter of Oil       Year <td>Lesse No. Lesse No. tate K-6285 ast Line County to be sent) to be sent) 1co 88125</td>	Lesse No. Lesse No. tate K-6285 ast Line County to be sent) to be sent) 1co 88125
New Well       Change in Transporter of:         Recompletion       Oil       Dry Gas         Change in Operator       Murphy Operating Corporation - United Bank Plaza, Suite 300, 400 N. Pennsylvania Ave.         If change of operator give name and address of previous operator       Murphy Operating Corporation - United Bank Plaza, Suite 300, 400 N. Pennsylvania Ave.         II. DESCRIPTION OF WELL AND LEASE       400 N. Pennsylvania Ave.         Isase Name       Sec 32         Todd Lower San Andres Unit       7         Todd Lower San Andres Assoc.       State Federal or Fee         Location       1780         Unit Letter       G         Section       32         Township       7S         Range       36E         NAME of Authorized Transporter of Oil       Tor Condentate         Name of Authorized Transporter of Oil       Tor Condentate         Name of Authorized Transporter of Oil       Tor Condentate         Name of Authorized Transporter of Calinghead Gas       Tor Or Dry Gas         Name of Authorized Transporter of Calinghead Gas       Tor Or Dry Gas         Name of Authorized Transporter of Calinghead Gas       Tor Or Dry Gas         Name of Authorized Transporter of Calinghead Gas       Tor Dry Gas         Name of Authorized Transporter of Calinghead Gas       Tor Dry Gas	Lesse No. Lesse No. tate K-6285 ast Line County to be sent) to be sent) 1co 88125
In change of operator give name and address of previous operator       Murphy Operating Corporation - United Bank Plaza, Suite 300, 400 N. Pennsylvania Ave.         II. DESCRIPTION OF WELL AND LEASE       400 N. Pennsylvania Ave.         Lesse Name       Sec 32 Todd Lower San Andres Unit       7         Todd Lower San Andres Unit       7       Pool Name, Including Formation Todd Lower San Andres Assoc.       Kind of Lesse         Location       Unit Letter       G       1780       Feet From The       North Line and       1980       Feet From The       E         Section       32       Township       75       Range       36E       NMFM, Roosevelt         III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS       Myettion       Mathematical Transporter of Oil       Well       or Condensate       Address (Give address to which approved copy of this form is Box 2436, Abliene, Texas 79604         Name of Authorized Transporter of Casinghead Gas       X) or Dry Gas       Address (Give address to which approved copy of this form is Bluite Plant, Milmesand, New Mex         If well produces oil or liquids, jve location of tasks.       G       32       75       36E         If this production is commingled with that from any other lease or pool, give commingling order number:       IV hen 7       When 7         IV. COMPLETION DATA       Oil Well       Gas Well       New Well       Workover	Lesse No. Lesse No. tate K-6285 ast Line County to be sent) to be sent) 1co 88125
400 N. Pennsylvania Ave.         II. DESCRIPTION OF WELL AND LEASE         Lease Name       Sec 32         Todd Lower San Andres Unit       7       Todd Lower San Andres Assoc.       Kind of Lease         Location       7       Todd Lower San Andres Assoc.       Sale Federal or Fee       Feet From The         Location       1780       Feet From The       North Line and       1980       Feet From The       Example         Section       32       Township       75       Range       36E       NMPM,       Roosevelt         III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS       Supertion       Well No.         Name of Authorized Transporter of Oil       Image or Condensate       Address (Give address to which approved copy of this form is Box 2436, Abilene, Texas 79604         Name of Authorized Transporter of Casinghead Gas       Image or Dry Gas       Address (Give address to which approved copy of this form is Built Plant, Milnesand, New Mex         If well produces oil or liquids, give locations of tasks.       Image 132       75       36E         If this production is communiged with that from any other lease or pool, give communingling order number:       Image 142       Plug Back Same         IV. COMPLETION DATA       Image 132       Image 132       Text Detth       Image 142 <td>Lesse No. Lesse No. tate K-6285 ast Line County to be sent) to be sent) 1co 88125</td>	Lesse No. Lesse No. tate K-6285 ast Line County to be sent) to be sent) 1co 88125
Lesse Name       Sec 32       Well No.       Pool Name, Including Formation       Kind of Lesse         Todd Lower San Andres Unit       7       Todd Lower San Andres Assoc.       State) Federal or Fee       State)	tate K-6285 act Line County to be senu) to be senu) 1co 88125
Todd       Lower       San Andres       Location         Unit       G       1780       Feet From The       North Line and       1980       Feet From The       E         Section       32       Township       7S       Range       36E       NMPM,       Roosevelt         III.       DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS       Orection       Well       Well         Name of Authorized Transporter of Oil       Image       or Condensate       Address (Give address to which approved copy of this form is Box 2436, Abilene, Texas 79604         Name of Authorized Transporter of Casinghead Gas       Image       or Dry Gas       Address (Give address to which approved copy of this form is 0xy         Name of Authorized Transporter of Casinghead Gas       Image       or Dry Gas       Address (Give address to which approved copy of this form is 0xy         Name of Authorized Transporter of Casinghead Gas       Image       or Dry Gas       Address (Give address to which approved copy of this form is 0xy         Name of Authorized Transporter of Casinghead Gas       Image       Twp       Rge.       Is gas actually connected?       When 7         Wate produces oil or liquids, give location of tasks.       Image       G       32       75       36 E       Image         If this production is cormuningled with that from any other lease or pool, give	25t Line County
Unit LetterG	County to be seni) to be seni) 1co 88125
Section       32 Township       7S       Range       36E       NMPM,       Roosevelt         III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS       Image: Content of Conte	County to be seni) to be seni) 1co 88125
Section       Township       Kange       Township         III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS       Interview       Interview         Name of Authorized Transporter of Oil       Image       Address (Give address to which approved copy of this form is Box 2436, Abilene, Texas 79604         Name of Authorized Transporter of Casinghead Gas       Image       Address (Give address to which approved copy of this form is Box 2436, Abilene, Texas 79604         Name of Authorized Transporter of Casinghead Gas       Image       Image       Address (Give address to which approved copy of this form is Biuitt Plant, Milnesand, New Mex         Name of Authorized Transporter of Casinghead Gas       Image       Image       Image       Biuitt Plant, Milnesand, New Mex         Name of Authorized Transporter of Casinghead Gas       Image       Image       Image       Image       Biuitt Plant, Milnesand, New Mex         Name of Authorized Transporter of Lainghead Gas       Image       Image       Is gas actually connected?       Iwhen ?         If well produces oil or liquids, give location of tasks.       Image       Image       Image       Image         If this production is correntingled with that from any other lease or pool, give commingling order number:       Image       Image       Image         IV. COMPLETION DATA       Image       Image       Image       Image       Image       Ima	to be sent) to be sent) 1co 88125
Name of Authorized Transporter of Oil       Image: produce of Company         Pride Pipeline Company       Address (Give address to which approved copy of this form is Box 2436, Abilene, Texas 79604         Name of Authorized Transporter of Casinghead Gas       Image: Company         Name of Authorized Transporter of Casinghead Gas       Image: Company         Name of Authorized Transporter of Casinghead Gas       Image: Company         Name of Authorized Transporter of Casinghead Gas       Image: Company         Name of Authorized Transporter of Casinghead Gas       Image: Company         Name of Authorized Transporter of Casinghead Gas       Image: Company         Name of Authorized Transporter of Casinghead Gas       Image: Company         Name of Authorized Transporter of Casinghead Gas       Image: Company         Name of Authorized Transporter of Casinghead Gas       Image: Company         Name of Authorized Transporter of Casinghead Gas       Image: Company         Name of Authorized Transporter of Casinghead Gas       Image: Company         Name of Authorized Transporter of Casinghead Gas       Image: Company         Name of Authorized Transporter of Casinghead Gas       Image: Company         If well produces oil or liquids, game       Image: Company         If this production is commingled with that from any other lease or pool, give commingling order number:       Image: Company <td< td=""><td>to be sent) 1co 88125</td></td<>	to be sent) 1co 88125
Name of Authorized Transporter of Oil       Image: produce of Company       Address (Give address to which approved copy of this form is Box 2436, Abilene, Texas 79604         Name of Authorized Transporter of Casinghead Gas       Image: Company       Box 2436, Abilene, Texas 79604         Name of Authorized Transporter of Casinghead Gas       Image: Company       Box 2436, Abilene, Texas 79604         Name of Authorized Transporter of Casinghead Gas       Image: Company       Address (Give address to which approved copy of this form is Bluitt Plant, Milnesand, New Mex         If well produces oil or liquids, give location of tasks.       Image: Company       Is gas actually connected?       When 7         If this production is commingled with that from any other lease or pool, give commingling order number:       Image: Company       Image: Company       Image: Company         IV. COMPLETION DATA       Oil Well       Gas Well       New Well       Workover       Decpen       Plug Back       Same         Designate Type of Completion - (X)       Image: Company       Text       Designate Type       Plug Back       Same	to be sent) 1co 88125
Name of Authorized Transporter of Casinghead Gas       X       or Dry Gas       Address (Give address to which approved copy of this form is Bluitt Plant, Milnesand, New Mex         0xy       Bluitt Plant, Milnesand, New Mex         If well produces oil or liquids,       Unit       Sec.       Twp.       Rge.       Is gas actually connected?       When 7         give location of tanks.       G       32       75       36 E       Implementation         If this production is commingled with that from any other lease or pool, give commingling order number:       Implementation       Implementation         IV. COMPLETION DATA       Oil Well       Gas Well       New Well       Workover       Decpen       Plug Back       Same         Designate Type of Completion - (X)       Implementation       Teicl Death       Implementation       Implementation	<u>1co 88125</u>
Oxy       Bluitt Plant, Milnesand, New Mex         If well produces oil or liquids,       Unit       Sec.       Twp.       Rge.       Is gas actually connected?       When ?         give location of tasks.       G       32       75       36 E       Image: Sec.       Image: Sec. </td <td></td>	
give location of tanks. G 32 75 36E If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Designate Type of Completion - (X) I and the second se	
IV. COMPLETION DATA     Oil Well     Gas Well     New Well     Workover     Decpen     Plug Back     Same       Designate Type of Completion - (X)     Image: Same     Image: Same     Image: Same     Image: Same	n the birt number
Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepen Plug Back Same	n i big nada
Tetel Deeth	e Res'v Dill Res'v
Date Spudded Date Compl. Ready to Prog. Four Dept.	<b>I</b>
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth	
Perforations Depth Casing Sho	×
TUBING, CASING AND CEMENTING RECORD           HOLE SIZE         CASING & TUBING SIZE         DEPTH SET         SACK	S CEMENT
	·····
V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for ful	ll 24 hours.)
OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full Date First New Oil Run To Tank Date of Test Producing Method (Flow, pump, gas lyl, etc.)	
Leasth of Test Tubing Pressure Casing Pressure Choke Size	
Actual Prod. During Test Oil - Bbls. Water - Bbls. Gas- MCF	
GAS WELL Actual Prod. Test - MCF/D Length of Test Dbis. Condensate/MMCF Gravity of Condensate/	Jisale
Testing Method (pilot, back pr.) Tubing Pressure (Shul-in) Casing Pressure (Shul-in) Choke Size	
VI. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIV	VISION
I hereby certify that the rules and regulations of the Oil Conservation	
is use and complete to the beat of my knowledge and belief. Date Approved	EB 2 3 1990
Anonine the shand	
Signature By DISTRICT I SUPERVIS	
Bonnie Hushend Engineering Tech Tille Tille	**
2-9-90 (915) 683-4434	۵

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.

Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
 Separate Form C-104 must be filed for each pool in multiply completed wells.