Submit 5 Copies Appropriate District Office		•
DISTRICT		
P.O. Box 1980, Hobbs, NM	88240	

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

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

State of New Mexico linerals and Natural Resources Department Energ,

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

		TO TRAI	NSPO	RT OIL	AND NATURA	IL GAS	Well Al	No.]
PLAINS PETROLEUM OPERA	TING C	OMPANY								
ddress 415 W. Wall, Suite 211	10		M	idland	, Texas 797(01				
enson(s) for Filing (Check proper box)					Other (Plea	se explain)				
ew Well		Change in ?								
scompletion	Oil	-	Dry Gas							
hange in Operator	Casinghea	d Gas	Condensa				1	C. 1	Pervol1	Now N
hange of operator give name Mul	phy Ope	rating	Corp	oratio	n - United	Bank P.	Laza,	Suite Su	J, KOSWEIL,	80202
		4 SF			400 N.	Pennsy.	Ivania	AVE.		
DESCRIPTION OF WELL ass Name S	ec.32	Well No.	Pool Nar	me, Includi	ng Formation		Kind of		Lease No.	
Todd Lower San Andres		6	Todd	Lower	San Andres	Assoc	· Sine, r	ederal or Fee	State K-3	582
catioa						1000			Veet	
Unit Letter F	_ :	1830	Feet Fro	m The	North Line and _	1980	Fee	t From The	West	Line
		70	· _		36E , NMPM.	Roos	sevelt		Cou	nty
Section 32 Townshi	P	7S ·	Range		<u>36E , NMPM,</u>		<u>evere</u>			
. DESIGNATION OF TRAN	SPORTE	0 70 A	I. ANT) NATU	RAL GAS					
me of Authorized Transporter of Oil	<u>x</u>	or Conden	, aka		Address (Give addre				m is to be sent)	
Pride Pipeline Compan	y 💶 🗌				Box 2436,	Abilen	e, Tex	as 7960	and the second	{
ame of Authorized Transporter of Casin	ghead Gas		or Dry C	Gas 🛄	Address (Give addre	ess to which	approved	<i>copy of itus jor</i> i d Nour M	nsioesenij exten 8810	5
Oxy USA Inc				n			Unesan When		<u>exico 8812</u>	
well produces oil or liquids, e location of tanks.	Unit 1 D	s∝ 32	Twp. 175	Rgc. 36E	-	plands	1	•		
his production is commingled with that							A			
his production is communiqued with that COMPLETION DATA	tion my or	nel terre or								
. COMPLETION DATA		Oil Well	G	as Well	New Well Wor	kover	Deepen	Plug Back S	iame Res'v Diff R	les'v
Designate Type of Completion	- (X)	1	i		j	L		L	l	
he Spudded	Date Con	pl. Ready to	Prod.		Total Depth			P.B.T.D.		
•					0110 D		<u></u>			{
evations (DF, RKB, RT, GR, etc.)	Name of	Producing Fo	ormation		Top Oil/Gas Pay			Tubing Depth		
					l			Depth Casing	Shoe	
erforations									_	
		TTIDINC	CASIN	JC AND	CEMENTING R	ECORD		·		
		ASING & TI	URING S		DEP	TH SET		S/	ACKS CEMENT	
HOLE SIZE	- <u>~</u>									
						· · · · · · · · · · · · · · · · · · ·				
					1	+		L		
. TEST DATA AND REQUE	ST FOR	ALLOW	ABLE		t be equal to or excee	d too allow	able for this	s depth or be fo	r full 24 hours.)	
IL WELL (Test must be after	Date of T		oj 1000 0	na ana mus	Producing Method	(Flow, pum	p, gas lift, e	uc.)		
ate First New Oil Run To Tank	Date of 1	CM								
ength of Test	Tubing P	TESRIFE			Casing Pressure			Choke Size		
								Gas-MCF		
ctual Prod. During Test	Oil - Dbl	s.			Water - Bbls.			UAS- MCF	•	
-								<u> </u>		
GAS WELL								`		
ciual Prod. Test - MCF/D	Length o	N Test	·		Bbls. Condensate/	AMCF		Gravity of C	ondensale	
						h		Choke Size		<u> </u>
sting Method (pitot, back pr.)	Tubing I	ressure (Shu	ut-in)	_	Casing Pressure (S	11 02- 18)		Calore State		
					-\			_i		
I. OPERATOR CERTIFIC	CATE C	F COM	PLIAN	NCE		CON	SERV	ATION I	DIVISION	
I hereby certify that the rules and regulations of the Oil Conservation					-		00			
Division have been complied 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								
			/			hinnen				
ABAN NIN	, Mu	othem	d		П	ORIC	GINAL SL	ONED BY H	ERRY SEXTON	
Signature Bonnie Auchand				Ш ву	By ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR					
					• • •				· · · · · · · · · · · ·	

Telephone No. Date

Engineering Tille

(915) 683-4434

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Bonnie Hushand

Printed Name

2-9-90

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

Title

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.

Tech

4) Separate Form C-104 must be filed for each pool in multiply completed wells.