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— Submit 5 Copies Appropriate District Office DISTRICT 1	Energy,		and Natu	w Mexico ral Resources Departme	nt		Form C+104 Revised 1-1 See Instruct	-89 tions	
P.O. Box 1980, Hobbs, NM 88240	OILO	CONS	ERVA' P.O. Bo	TION DIVISION x 2088	N		at Bottem e	u rafe	
P.O. Drawer DD, Artesia, NM 88210	Ś	anta Fe,	New Me	xico 87504-2088					
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410									
Operator PLAINS PETROLEUM OPERA		<u></u>	JAT UIL	AND NATURAL GA	Well A	PI No.			
Address									
415 W. Wall, Suite 21 Reason(s) for Filing (Check proper box)	10	M	iidland	, Texas 79701	in)	·····			
New Well	Change	n Transpor	rter of:						
Recompletion	Oil Casinghead Gas	] Dry Gau ] Conden	alez						
if change of operator give name Multi and address of previous operator Multi	phy Operatin	g Corp	poratio	n – United Bank	Plaza,	Suite 300	, Roswe	11, New Me	
II. DESCRIPTION OF WELL	ANDIEASE			400 N. Penns	ylvania	Ave.		80202	
Lease Name Sec 3	1 Well No	Pool Na	me, Includir	ig Formation		f Lease Federal or Fee		e No.	
Todd Lower San Andres	Unit	8 Tode	l Lower	San Andres Asso	C.		State E	-0940	
Location Unit LetterH		_ Feet Fn	om The	NorthLine and661	) Fe	et From The	-East	Line	
Section 31 Townshi	<b>7</b> S .	Range		36E , NMPM, Rod	osevelt			County	
III. DESIGNATION OF TRAN	SPORTER OF	DIL AN	D NATUI	RAL GAS	ich approved	~ copy of this form	is to be sent)	,]	
Name of Authorized Transporter of Oil Pride Pipeline Compan					Box 2436, Abilene, Texas 79604				
Name of Authorized Transporter of Casin		Gas 🛄	Address (Give address to which approved copy of this form is to be sent)						
Оху	Luss Less	170-00	l Pro	Bluitt Plant, M Is gas actually connected?	<u>Vilnesan</u> When		x1co -8	8125	
If well produces oil or liquids, give location of tanks.	Unit Sec.   B 31	Twp.	Rge.   36E						
I this production is commingled with that V. COMPLETION DATA	from any other lease of	or pool, giv	e commingli	ing order number:	<u>is</u>				
	Oil W	:11 (	Gas Well	New Well Workover	Deepen	Plug Back Sa	me Res'v	Diff Res'v	
Designate Type of Completion				Total Depth	I	P.B.T.D.			
Date Spudded	Date Compl. Ready	to Prod.							
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation			Top Oil/Gas Pay		Tubing Depth			
Perforations	<u>, I</u>			<u>I</u>		Depth Casing S	ihoe		
	TUBIN	G, CASI	NG AND	CEMENTING RECOR	D				
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET		SACKS CEIMENT			
V. TEST DATA AND REQUE	ST FOR ALLOY	VABLE	<u></u>			.J			
OIL WELL (Test must be after .	recovery of total volum	ne of load	oil and must	be equal to or exceed top all	owable for thi	s depth or be for	full 24 hours	<u>,</u>	
Date First New Oil Run To Tank	Date of Test			Producing Method (Flow, pr	ump, gas lýt, i	elc.)			
Length of Test	Tubing Pressure	· · · ·		Casing Pressure		Choke Size			
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.		Gas- MCF			
			<u></u>	l		<u></u>		لـــــ	
GAS WELL Actual Prod. Test - MCF/D	Length of Test			Bbis. Condensate/MMCF		Gravity of Co	adensale		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)		Choke Size			
VI. OPERATOR CERTIFIC	L CATE OF CON	/PLIA	NCE					 N	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above				OIL CONSERVATION DIVISION FEB 2 2 1990					
Division have been complied with and		is true and complete to the best of my knowledge and belief.				Date Approved FED & & 1000			
Division have been complied with and	knowledge and belief	D	1	Date Applett					
Division have been complied with and is true and complete to the best of my	knowledge and belief	ind	1		GINAL SVA	NED BY JER	AY SEXTO	<u>v</u>	
Division have been complied with and is true and complete to the best of my Signature Bonnie_Husband	knowledge and believ	p. <u>mæ</u> ineeri	 Ing_Tecl	ByORI	<mark>ginal sig</mark> Distric	it i supervi	SOR		
Division have been complied with and is true and complete to the best of my Signature	knowledge and belief	ineeri Tile	3-4434	ByORI	<mark>ginal sig</mark> Distric	it i supervi	SOR		

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

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

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