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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	TRANS	SPO	RT OIL	AND NA	TURAL GA			·		
Operator								Pl No.	0/: 00:	7.0	
PLAINS PETR	OLEUM OPERA	TING	COM	PANY		.,,		30	-041-203	3/8	
address					mm** : =	70701					
415 WEST WA	LL, SUITE	.000,	MI	DLAND,	TEXAS	19101 er (Please expl	ain)				
leason(s) for Filing (Check proper box)	Chai	ige in Tra	nsport	er of:		er (1 teme expa	<i></i>	•			
lecompletion	Oil	X Dry					•				
Change in Operator	Casinghead Gas		ndensa	ate 🔲							
change of operator give name											
ad address of previous operator		 									
I. DESCRIPTION OF WELL		No Bo	ol Nar	ne Includia	ng Formation		Kind	o(Lease	l L	ase No.	
Lease Name Sec 2 Todd Lower San A	110111101110111011011011011011011011011				San Andres Assoc. State,			ederal or Fee NM0321281			
ocation	J				***						
Unit LetterN	:660	Fee	et Fron	m The	South Lin	e and) · Fo	et From The	West	Line	
Section 29 Towns	nip 7S	Ra	nge	36E	, NI	мрм, Е	<u>Roosevel</u>	<u>t </u>		County	
II. DESIGNATION OF TRA	NSPORTER O	F OIL	A ND	NATU	RAL GAS						
Name of Authorized Transporter of Oil	or C	ondensale		7	Address (Giv	e address to w				int)	
Phillips 66 Company		(é > 5	TE	recks		x 791, N					
ame of Authorized Transporter of Casinghead Gas or Dry Gas					Address (Give address to which approved copy of this form is to be sent)						
f well produces oil or liquids, ive location of tanks.							When	n 7			
this production is commingled with the	t from any other les	se or poo	l, give	commingl	ing order num	ber:					
V. COMPLETION DATA	(2.		ا ۾		1 22 22 11	1 100 1	T D	Diva Back	Same Res'v	Diff Res'v	
Designate Type of Completion	n - (X) j	Well	<u>i</u>	as Well	New Well	Workover	Deepen	j	Same Ker v		
Date Spudded	Date Compl. Ready to Prod.			Total Depth			P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas	Pay		Tubing Depth			
Perforations					<u> </u>			Depth Casing Shoe			
			4 CT 1		CIEA CEA ITE	NO DECOI	30				
	TUBING, CASING AND HOLE SIZE CASING & TUBING SIZE					DEPTH SET		SACKS CEMENT			
HOLE SIZE	CASING	CASING & TOBING SIZE				DEI III GET					
		OW I D	T T2		ļ			J			
. TEST DATA AND REQUI OIL WELL (Test must be after	recovery of total v	olume of l	LE load a	il and must	be equal to o	r exceed top al	lowable for th	is depth or be	for full 24 hou	urs.)	
Date First New Oil Run To Tank	Date of Test	orac oy .	-		Producing M	lethod (Flow, p	oump, gas lift,	eic.)			
Length of Test	Tubing Pressure				Casing Press	aure		Choke Size			
				Water - Bbls.			Gas- MCF	Gas- MCF			
Actual Prod. During Test	Oil - Bbls.										
CACHIELL		· ···-			.l						
GAS WELL Actual Prod. Test - MCF/D	Length of Test				Bbls. Conde	nsate/MMCF		Gravity of	Condensate		
7,000											
Festing Method (pitot, back pr.)	Tubing Pressur	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size		
VI. OPERATOR CERTIFI				CE		OIL CO	NSERV	ATION	DIVISIO	NC	
I hereby certify that the rules and rep	gulations of the Oil	Conservat	ion				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,	2.1.01		
Division have been complied with a is true and complete to the best of m	ng that the informat ny knowledge and b	on given elief.	adovê		Det	e Approv	TIN bo	2 2 100	1		
1.	.10				Date	e Abbrovi	60 <u>551</u>	N N 100	J		
Donni 1	Mustra	rd			D.,		غو م ديم	l pa			
Signature BONNIE HUSBAND	OFFICE MA	NACED	/TF	CH	∥ By_	Q1	Paul Kau	tz	<u></u>		
Printed Name	OFFICE PR		itle	<u> </u>	Title		Geology	57			
OCTOBER 19, 199	3 915-683-	4434				<i></i>					
Date		Teleph	one N	lo.	{ ·						

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.