L	E	inergy, M			w Mexico al Resource	s Department			Form C-104 Revised i-1-89 See instructions at Bottom of Page	
DISTRICT II P.O. Box 1980, Hobbe, NM 88240 DISTRICT II P.O. Drawer DD, Artesia, NM 88210	OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088									1.
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	REQU	JEST FO	OR ALL	OWABI	LE AND A	UTHORIZ	ATION			
I. TO TRANSPORT OIL A Operator PLAINS PETROLEUM OPERATING COMPANY						UTINE ON	Well Al	Pl No.		
Address				dland	, Texas	79701	1,,			
415 W. Wall, Suite 211 Reason(s) for Filing (Check proper box)						t (Please explai	n)			
New Well Recompletion Change in Operator	Oil Casinghea	 4 G عد G اه	Transporte Dry Gas Condensa	 د						
If change of operator give name MULP	hy Ope	rating	corpo	pratio	n - Unit 400	ed Bank N. Penns	Plaza, vlvania	Suite 30 Ave.	O, Roswell,	<u>New</u> Mex 80202
II. DESCRIPTION OF WELL A	IND LE	ASE Well No.	Deal Neg	. Includin	g Formation		Kind of		Lease No.	j
Lesse Name Sec. 2 Todd Lower San Andres		13	Todd	Lower	San And	lres Asso	C. State, (ederal or Fee	Fed NM-0321	.281
Location Unit LetterM	. :	660	. Feet From	n The	Southline	and70	0 Fœ	t From The	West	Line
Section 29 Township	·	7S	Range		36E , NN	<u>arm, Ro</u>	<u>osevelt</u>		Cou	NLY
III. DESIGNATION OF TRANS	SPORTE	CR OF O	IL AND	NATU	RAL GAS	Ange	ction	- Zue	and the second]
Name of Authorized Transporter of Oil X or Condensate					Box 24	Address (Give address 10 which approved copy of this form is to be sent) Box 2436, Abilene, Texas 79604				
	ride riperine company and a co					e address io wh	ich approved of the same	copy of this for	m is to be sens) lex1co881 2	25
Oxy If well produces oil or liquids, give location of tanks.							When			
If this production is commingled with that f IV. COMPLETION DATA	iom any ou	her lease or	pool, give	commingli	ng order num	xr:				
Designate Type of Completion	- 00	Oil Wel	1 G	is Well	New Well	Workover	Deepen	Plug Back S	Same Res'v Diff F	les'v
Date Spudded		ipi. Ready i	o Prod.		Total Depth	L	1 <u></u> 1	P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	as (DF, RKB, RT, GR, etc.) Name of Producing Formation					Pay		Tubing Depth		
Perforations								Depth Casing Shoe		
	TUBING, CASING AND							SACKS CEMENT		
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET					
	<u> </u>									
V. TEST DATA AND REQUES OIL WELL (Test must be after r	FOR COVERY OF	ALLOW	ABLE e of load of	l and must	, be equal to or	exceed top all	owable for this	s depih or be fa	or full 24 hours.)	
Date First New Oil Run To Tank Date of Test						Producing Method (Flow, pump, gas lift, etc.)				
Leogth of Test	Tubing Pressure				Casing Pressure			Choke Size		
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF		
GAS WELL						AN ICE		Gravity of C	ondensale]
Actual Prod. Test - MCF/D					Bbis. Condensate/MMCF					
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size		
VI. OPERATOR CERTIFIC I hereby certify that the rules and regul Division have been complied with and	iations of th	ie Oil Coas	ervation			OILCO	NSERV.	ΑΤΙΟΝ Ι	DIVISION	
is true and complete to the best of my	knowledge	and belief.			Date	e Approve	ed	FEB	2 2 1990	
Bonnie Husband					By_	ByORIGINAL SIGNED BY JERRY SEXTON				
Signature Bonnie Hushand Pristed Name	Bonnie Hushand Engineering Tech Tille Tille					DISTRICT I SUPERVISOR				
2-9-90 Dae			clephone N							

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 Null [11].
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-IO4 must be filed for each pool in multiply completed wells.