Submit 5 Copies Appropriate District Office DISTRICT I P.O. Box 1980, Nichbs, NM 88240

## State of New Mexico Energy, ...nerals 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 II 2.O. Drawer DD, Anesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

perator							Well API No.			
PLAINS PETROLEUM OPE	RATING C	OMPANY						<del></del>		
Address 415 W. Wall, Suite 2	110		M1dland	, Texas 7	9701					
eason(s) for Filing (Check proper bax)				Other	Please expla	in)				
icw Well		~—	Transporter of:							
Lecompletion	Oil	닏	Dry Gas 📙						1	
Thange in Operator	Casinghead		Condensate							
change of operator give name di address of previous operator	rphy Ope	rating	Corporation	on - Unite 400 N	d Bank Penns	Plaza, ylvani	Suite 3 a Ave.	00, Rosw	vell, New 8020	
I. DESCRIPTION OF WELL AND LEASE							of Lease		ease No.	
Todd Lower San Andres Unit 7 Todd Lower				San Andres Assoc.					e OG 1617	
ocation Unit LetterG	<b>:</b>	1867	Feet From The	East Line	nd20	40	eet From The	North	Line	
				36E NMPM, Roosevelt				County		
Section 30 Towns		7S ·	Range		<u>M, RO</u>	OBEVEI				
I. DESIGNATION OF TRA		or Conden		Address (Give a	ddress to wh	ich approve	d copy of this fo	orm is to be se	ni)	
Name of Authorized Transporter of Oil Pride Pipeline Compa	ny 🔯	JI CUIUGI					xas 796			
Vame of Authorized Transporter of Case	Address (Give address to which approved copy of this form is to be sent)									
Oxy USA Anc	or Dry Gas					nd, New Mexico 88125				
well produces oil or liquids,	Unit	Sec.		is gas actually connected? When						
ve location of tanks.	iJi	30	15 36E		_ ری					
this production is commingled with th	a from any oth	er lease of	pool, give comming	ling order numbe	r:					
V. COMPLETION DATA						1 5	l Diverbank	Isama Bashu	Diff Res'v	
Designate Type of Completio	n - (X)	Oil Well	Gas Well	New Well	w orkover	Deepen 	I Ling Dack	Same Res'v	Post Nes V	
Date Spuided		Date Compl. Ready to Prod.				L	P.B.T.D.	<b>1</b>		
levations (DF, RKB, RT, GR, etc.)	Name of P	roducing Fe	ormation	Top Oil/Gas Pay			Tubing Depth			
erforations				<u> </u>			Depth Casin	ig Shoe		
		TIDDIC	CACINIC AND	CEMENTIN	C RECOR	D				
	TUBING, CASING AND CASING & TUBING SIZE			DEPTH SET				SACKS CEMENT		
HOLE SIZE		CASING & TUBING SIZE								
	_									
. TEST DATA AND REQU	EST FOR A	LLOW	ABLE	•				4 6 11 34 hav		
IL WELL (Test must be afte	recovery of 10	stal volume	of load oil and mus	Producing Met	xceed top allo	owable for t	his depth or be	jor juli 24 nou	<u>rs.,</u>	
Date First New Oil Run To Tank	Date of Te	র		Producing Meu	noa ( <i>r iow, p</i> i	erip, gas iyi	, εις.,			
eagth of Test Tubing Pressure				Casing Pressure			Choke Size	Choke Size		
					50 L			Gas- MCF		
Actual Prod. During Test	Oil - Bbls.	Oil - Bbls.			Water - Bbia.					
GAS WELL	Length of	Test		Bbls. Condens	ne/MMCF	<del></del>	Gravity of	Condensate		
Actual Prod. Test - MCF/D	Tengui or			Bots. Concession, and				- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		
esting Method (pitot, back pr.)	Tubing Pr	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Chokę Size		
VI. OPERATOR CERTIF				0	IL CON	\SER\	/ATION	DIVISIO	NC	
I hereby certify that the rules and re Division have been complied with a	nd that the info	mation giv	rvation rea above					EB 2 2		
is true and complete to the best of n	y knowledge a	and belief.		Date	Approve	:d		LUAK	<u>, 133U</u>	
Jannie Low chand					ORIGINAL SIGNED BY JERRY SEXTON					
Signature	DISTRICT I SUPERVISOR									
Bonnie Husband		Engir	Title	h						
Printed Name 2-9-90	-	(915)	683-4434	Inte-						
Date			ephone No.							

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.

RECEIVED

FEB 15 1990

OCD HOBBS OFFICE