Submit 5 Copies Appropriate District Office DISTRICT I P.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Drawer DD, Artesia, NM 88210 DISTRICT III	State of New Mexico Energy, minerals and Natural Resources Department OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088 REQUEST FOR ALLOWABLE AND AUTHORIZAT							Form C-104 Revised 1-1-89 See Instructions at Bottom of Page			
ICOO Rio Brazos Rd., Aztec, NM 87410 I. Operator PLAINS PETROLEUM OPERA Address 415 W. Wall, Suite 211	TING CO	O TRAN	NSPO	ORT OIL		URAL GA		ľ'i No.			
Reason(s) for Filing (Check proper box) New Well Recompletion Change in Operator	( Oil Casinghead	Gы 🔲 🤇	Fransport Dry Gas Condens	Ler of:	Duhen	ed Bank	Plaza,	Suite 300	), Roswel	1, New Mex 80202	
II. DESCRIPTION OF WELL A Lease Name Sec Todd Lower San Andres Location Unit Letter L	AND LEA 29 Unit	SE Well No. 12 1980	Pool Na Todd Feet Fro	me, laciudir Lower	400 g Formation San And SouthLine	n. Penns res Asso and71(	ylvania Kind ol State, J O Fee	Ave.	Lesse Ted NM-0: West	Na	
III. DESIGNATION OF TRANSPORTER OF OIL AND NATUR         Name of Authorized Transporter of Oil         Y         Pride Pipeline Company         Name of Authorized Transporter of Casinghead Gas         Oxy         UBA						JO E , MITMI, AUUSEVEIT					
If this production is commingled with that it IV. COMPLETION DATA Designate Type of Completion Date Spudded	- (X) Date Compl	Oil Well    . Ready to	G Prod.		ng order aufmb New Well Total Depth Top Oil/Gas I	Workover	Deepen	Plug Back Sa P.B.T.D. Tubing Depth	ume Res'v þ	iff Res'v	
Elevations (DF, RKB, RT, GR, etc.) Perforations	TUBING, CASING AND C				CEMENTING RECORD DEPTH SET			Depth Casing Shoe SACKS CEMENT			
V. TEST DATA AND REQUES OIL WELL (Test must be after r Date First New Oil Rua To Taak Length of Test	recovery of total volume of load oil and must b Date of Test				be equal to or exceed top allowable for this Producing Method (Flow, pump, gas lift, of Casing Pressure			s depih or be for full 24 hours.) uc.) Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF			
GAS WELL Actual Prod. Test - MCF/D Testing Method (pilot, back pr.)	Length of Test Tubing Pressure (Shut-in)				Bbis. Condensate/MMCF Casing Pressure (Shut-in)			Gravity of Condensate Choke Size			
VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					OIL CONSERVATION DIVISION Date Approved						

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.

All sections of this form must be filled out for allowable on new and recompleted wells.
 Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
 Separate Form C-104 must be filed for each pool in multiply completed wells.