

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION

RECEIVED

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Nov 10 11 03 AM '93

NOV 12 1993

Operator PLAINS PETROLEUM OPERATING COMPANY		API Well APN No. 30-041-20854
Address 415 W. Wall, Suite 1000 Midland, TX 79701		
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: <input checked="" type="checkbox"/> Other (Please explain) Recompletion <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change Lease Name from Bluit San Andres Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> Unit Sec. 18 #11		
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Bluit 18 Federal	Well No. 11	Pool Name, Including Formation Bluit San Andres Associated	Kind of Lease State, Federal or Fee	Lease No. NM0509201
Location Unit Letter K : 1980 Feet From The South Line and 1980 Feet From The West Line Section 18 Township 8S Range 38E, NMPM, Roosevelt County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate <input type="checkbox"/> Phillips 66 Pipeline (Trucked) <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P. O. Box 791 Midland, TX 79702	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1589 Tulsa, OK 74102	
If well produces oil or liquids, give location of tanks.	Unit L Sec. 18 Twp. 8S Rge. 38E	Is gas actually connected? Yes When? Nov. 5, 1993
If this production is commingled with that from any other lease or pool, give commingling order number:		

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
		X *				X		
Date Spudded 9-14-93 *	Date Compl. Ready to Prod. 10-3-93		Total Depth 4940'		P.B.T.D. CIBP @ 4700'			
Elevations (DF, RKB, RT, GR, etc.) Gr 3986.5	Name of Producing Formation San Andres P ₁		Top Oil/Gas Pay 4589'		Tubing Depth 4656'			
Perforations 4589' - 4659' (13 holes)					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8"		524' KB		310 sx C			
7-7/8"	5-1/2"		4940' KB		1400 sx Prem			

TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)			
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D 144	Length of Test 24 hr	Bbls. Condensate/MMCF 5	Gravity of Condensate
Testing Method (pilot, back pr.) BK Pr	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size 20/64"

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.

Signature Bonnie Husband Administrative Assistant
Printed Name Bonnie Husband Title (915) 683-4434
Date Nov. 9, 1993 Telephone No.

OIL CONSERVATION DIVISION

Date Approved Nov 16 1993
By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR
Title

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.