Submit 5 Cópies Appropriate District Office DISTRICT I P.O. Box 1980, Hobbs, NM 88240

## State of New Mexico Energy, Minerals and Natural Resources Department

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

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III				
1000 Rio Brazo	s Rd.	Aztec.	NM	87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

•	T(	OTRANS	SPORT OI	LAND NA	TURAL GA		•			
Operator Plains Petroleum Operating Company						Well API No.				
Address 415 W. Wall, Suite 2	110, <b>M</b> i	dland,	Texas 7	9701						
Reason(s) for Filing (Check proper box)  New Well  Recompletion  Change in Operator	Oil Casinghead	Change in Tra	y Clas   codenzate	<u> </u>	es (Please expla	·				
I change of operator give name and address of previous operator Arc	h Petro	leum In	c., 777	Taylor S	t., Suite	e II-A,	Ft. Wor	th, Texa	s 76102	
IL DESCRIPTION OF WELL A						· ·				
Lease Name  F.M. Elliott Federal  Location	Well No.   Pool Name, Including Formation   4   Drinkard					Kind of Lease State Federal or Fee 71-032573-A				
Unit LetterC	<u>:5</u>	10 Fe	et From The _	N Lin	and	90 Fe	et From The _	W	Line	
Section 22 Township	22	S Ra	inge 37	E N	мрм,		Lea		County	
III. DESIGNATION OF TRANS	SPORTER	OF OIL	AND NATI	IRAL GAS	•	-				
Name of Authorized Transporter of Oil Shell Pipeline	Address (Give address to Which approved copy of this form is to be sent) P.O. Box 1910, Midland, Texas 79701							nt)		
	Authorized Transporter of Casinghead Gas Authorized Transporter of Casinghead Gas Authorized Transporter of Casinghead Gas				Address (Give address to which approved			copy of this form is to be sent)		
Texaco Producing Inc.  If well produces oil or liquids,  plys location of tanks.	•			. Is gas actual	Box 3000 y connected?	, luisa When		ma /410		
	D	22	22 <b>9</b> 37 1				2 <b>-</b> 53·			
If this production is commingied with that five COMPLETION DATA	TOTAL RAY OUTS	·	<del>-</del> /			PC-541		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
Designate Type of Completion -	(X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl.	Ready to Pr	od.	Total Depth	<u> </u>	1	P.B.T.D.		<u></u>	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation			Top Oil/Gas	Top Oil/Gas Pay			Tubing Depth		
Perforations								Depth Casing Shoe		
TUBING, CASING AND			CEMENT	CEMENTING RECORD						
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT			
				<u> </u>	<del></del>					
					<del></del>					
V. TEST DATA AND REQUES	T FOR A		7 5							
				et he equal to a	E exceed top all	awahla Can th	la dansk an ka	6-6-11-04-1		
Date First New Oil Run To Tank	(Test must be after recovery of total volume of load oil and must Dil Rus To Tank  Date of Test			Producing M	Producing Method (Flow, pump, gas lift, etc.)					
Length of Test	Tubing Pressure		Casing Press	Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbis.		Water - Bbli	Water - Bbls.			Gu- MCF			
GAS WELL	I					····				
Actual Prod. Test - MCF/D	Length of To	est		Bols. Conde	nute/MMCF		Gravity of	Condensate		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pres	Casing Pressure (Shut-in)			Choke Size		
VI. OPERATOR CERTIFICATE OF COMPLIANCE  I hereby certify that the rules and regulations of the Oil Conservation  Division have been compiled with and that the information given above is true and complete to the best of my knowledge and belief.  Signature  Bonnie Husband, Office Manager		Date	OIL CONSERVATION DIVISION  Date Approved							
Printed Name 9-3-9/ 915-683-4434  Date Telephone No.				Title	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.