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

DISTRICT II P.O. Drawer DD, Artesia, NM 88210 State of New Mexico
Energy, Minerals 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 III 1000 Rio Brazos Rd., Azzec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

	T	O TRAN	NSP	ORT OIL	AND NAT	URAL GA	S				
perator		Well API No.									
Plains Petroleum		30-025 -87067 109									
ddress											
415 West Wall	Suite 100	10, Mid	lanc	l, Texas	79701	r (Please expla	int)				
eason(s) for Filing (Check proper box)	(Change in 7	Transp	orter of:		((touse suprise	,				
ecompletion											
hange in Operator	Casinghead	Gas 🗾	Conde	nute 📗							
change of operator give name											
• •	ANDIEA	CE									
AND NAME OF WELL	ESCRIPTION OF WELL AND LEASE Well No. Pool Name, Include				g Formation	······································		Lease No.			
✓Blinebry (Eva E)	*	_			tix 7RVS On Grbg State F			Federal or Fee	LC	064118	
ocation				-							
Unit LetterO	_ : 660	L	Feet I	From The _S	outh Line	and _1995	Fo	et From The _	East —	Line	
Section A Townshi	p 23S		Range	37E	. NI	ирм,	I ea			County	
Section 4 Townshi	P		stank.	<u> </u>							
II. DESIGNATION OF TRAN	SPORTE	R OF OI	L A	ND NATUI	RAL GAS			2.15. 4	<u> </u>		
lame of Authorized Transporter of Oil		or Conden	Lale			e address to wh				:ru j	
Texas New Mexico Pipeline Vame of Authorized Transporter of Casinghead Gas					P. O. Box 60028, San Angelo, TX 76906 Address (Give address to which approved copy of this form is to be sent)						
Name of Authorized Transporter of Casinghead Gas or Dry Gas Sid Richardson Carbon & Gasoline Co.					201 Main Street, Ft. Worth TX 76102						
well produces oil or liquids, Unit Sec. Twp.				Rge.	ls gas actually connected? When ?						
ve location of tanks.	1 11	34	23		Yes_			7-50			
this production is commingled with that	from any other	er lease or p	pool, (give comming!	ing order num	ber:					
V. COMPLETION DATA	 	Oil Well	_	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	- (X)		i	015	i		İ	i	<u>i</u>	_ <u>i</u>	
Date Spudded	Date Comp	Date Compl. Ready to Prod.			Total Depth			P.B.T.D.			
The DMD DT CD I Name of Brokesian Engage					Top Oil/Gas Pay			Tubing Dec	Tubing Depth		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation								Tubing Dep			
Perforations					.l			Depth Casi	ng Shoe		
		TUBING, CASING AND							SACKS CEMENT		
HOLE SIZE	CA:	CASING & TUBING SIZE				DEPTH SET			SAUNS CEMENT		
<u> </u>											
V. TEST DATA AND REQUE	ST FOR A	ALLOW	ABL	E			i til - C di	is damel on he	Gan Gill 24 ha	use 1	
OIL WELL (Test must be after Date First New Oil Run To Tank	Date of Te		of loc	ed oil and mus		r exceed top at tethod (Flow, p			JOF JULI 24 NO	W3.j	
Date Lile Men Oil Vill 10 1 mr	Date of 1e	:SL				101.00 (1 10 m) p		•			
Length of Test	Tubing Pr	Tubing Pressure			Casing Pressure			Choke Size			
								Gas- MCF			
Actual Prod. During Test	Oil - Bbis.			Water - Bbls.			Odo- IVICI				
CARATES :	L										
GAS WELL Actual Prod. Test - MCF/D	Length of	Test			Bbls. Conde	ensate/MMCF		Gravity of	Condensate		
Testing Method (pitot, back pr.)	Tubing Pr	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size		
VI. OPERATOR CERTIFI	CATE O	F COM	PLL	ANCE		OIL CO	ハクロウ	/ΔΤΙΩΝ	ו הואוכו	ON	
I hereby certify that the rules and rep						OIL OO	NOEN!				
Division have been complied with a is true and complete to the best of m			iven #	MAC.	De!	la Ann	and .	DE	C15.92	2	
1 .	1	0	A	,	Dai	te Approv	ed ುig ned				
Bonnie	Mus	Tran	d.		b	P	ul Kart				
Bonnie Husband	- /	fice Ma	nag	er/Tech	By.		eolog				
Printed Name				3-4434	Tiel	e					
December 11, 1992						·					
Date		Te	elepho	ne No.	11						

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.