iubmit 5 Copies Appropriate District Office )ISTRICT | 20. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions

DISTRICT II
Deswer DD. Anesia, NM 88210

OIL CONSERVATION DIVISION P.O. Box 2088

SETDICT III	Santa Fe, New Mexico 87504-2088						
DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410	REQUEST FOR ALLOWABLE AND AUTHORIZA						
TO TRANSPORT OIL AND NATURAL GAS					Well API No.		
Operator Plains Petroleum C	Inaratina Compan	. ***			WEII AF	140.	
Address	peracting compan	У					
415 W. Wall, Suit	e 2110, Mi	dland, To		701			
Reason(s) for Filing (Check proper box)		{	Other (Please e	tplain)			
New Well	Change in Transp						
Recompletion	Casinghead Gas Cond	*****					
If change of operator give name	ch Pet. Inc.,		r St Ste	11-A	For	rt Worth.	Tex
and society of previous operator							
II. DESCRIPTION OF WELL A	Well No.   Pool	Name, Including	Formation		Kind of	_	
Eva E. Blinebry E		Langlie Ma			State, F	ederal or Fee	LC
Location	1000		<b>a</b>	100/	1/		17
Unit LetterJ	;Feet	From The	S Line and	1994	Feet	From The	E
Section 34 Township	, 23 S Ranj	<sub>ec</sub> 37 E	, NMPM,		Lea		
Section 2 10whalip	Z C Ken	<u> </u>					
III. DESIGNATION OF TRAN	SPORTER OF OIL A	ND NATUR	AL GAS Address (Give address			any of this form	e is to be
Name of Authorized Transporter of Oil	or Condensate		Box 2528,	- 11			
Texas-New Mexico Pi Name of Authorized Transporter of Casing		Ony Gas /	Address (Give address	10 whici	pproved	copy of this form	n is to be
El Paso Natural Gas	, <del></del> _		Box 1492,	E1_	aso.	Texas	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twy	p. Rge. I	s gas actually connecte	:d7	When	7	
If this production is commingled with that	from any other lease or pool,	, give comminglia	g order number:				
IV. COMPLETION DATA	Oil Well	Gas Well	New Well Workov	er	реереп	Plug Back S	ame Res
Designate Type of Completion		i		i			
Date Spudded	Date Compl. Ready to Pro	d. ,	Total Depth			P.B.T.D.	
			Top Oil/Gas Pay			Tubing Depth	
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation		top our out to,		tuoning izepui			
Perforations						Depth Casing	Shoe
			mi ter entric pr			<u> </u>	
	TUBING, CASING AND CI		DEPTH SET		<b></b>	S	ACKS C
HOLE SIZE	CASING & TOBII	10 3122					
V. TEST DATA AND REQUE	ST FOR ALLOWAR	LE		Ì	<u> </u>		
OIL WELL (Test must be after	recovery of total volume of	load oil and must	be equal to or exceed	op allo		is depth or be for	or full 24
Date First New Oil Run To Tank	Date of Test		Producing Method (F	low, pu	gas lift,	eic.j	
	Tubing Pressure		Casing Pressure	·		Choke Size	
Length of Test	Inoing Licemic					- 1 /CE	
Actual Prod. During Test	Oil - Bbls.		Water - Bbls.	.]	,	Gas- MCF	
			L				
GAS WELL	Length of Test		Bbls. Condensate/Ml	<b>ICF</b>		Gravity of C	ondensat
Actual Prod. Test - MCF/D	Length of Test						
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in	1)	Casing Pressure (Shu	t-in)		Choke Size	
			\ <u></u>				
VI. OPERATOR CERTIFI	CATE OF COMPL	IANCE	OIL	CO	BERV	/ATION	DIVIS
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above							46
Division have been complete with and that the internation gives a series is true and complete to the best of my knowledge and belief.			Date Apr	rov	<b> </b>		L)
		-1					
	Mushani	Ø(	By	1. 12	<b>1</b> 4	<ul> <li>21 /41.21</li> <li>3 /21.21</li> <li>4 /21.2</li></ul>	SEXT
Signature Bonnie Husi	oand Office	Mgr/Tech			<b>)</b> "	。 (1) (2) (5) 唐紫鹤楼	J.W
Printed Name	(915) 683	Title	Title		<b> </b>		
9 -16-91 Date	Telep	phone No.	1				
<del></del>							

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 with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or numb
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

ON				
Well AP	I No.			
Fo	rt Worth, Texas 76102			
Kind of Lease Lease No. State, Federal or Fee L.CO64118				
L	1 20001110			
	t From TheEUne			
Lea	County			
	copy of this form is to be sent)			
pproved	New Mexico 88241 copy of this form is to be sent)			
aso, When	Texas 79978			
Реереп	Plug Back Same Res'v Diff Res'v			
·············	P.B.T.D.			
	Tubing Depth			
	Depth Casing Shoe			
<u> </u>	SACKS CEMENT			
ele for th	nis depth or be for full 24 hours.) etc.)			
	Choke Size			
	Gas- MCF			
)				
	Gravity of Condensate			
	Choke Size			
ER\	VATION DIVISION			
	1991			
Sw.€.	K UST SEDRY SEXTON			
¶₩ ):	로 () 전기역 선택 <b>으로</b> -			

ulation of deviation tests taken in accordance

ransporter, or other such changes.