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Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

STRICT III 00 Rio Brazos Rd., Aziec, NM 87410	REQUEST FO	OR ALLC	WABL	E AND A	UTHORIZ	ATION			
	TO TRA	NSPOR	T OIL	AND NAT	URAL GA	5 	il No		
Well A				1	API NO. 30-025-10944				
Plains Petroleum Operating Company)-023-IO	7.44	
ddress 415 West Wall, Su	ite 1000, Midland	d, Texas	79701						
eason(s) for Filing (Check proper box)				Other	(Please explai	n)			
ew Well	· -	Transporter	of:						
ecompletion 📙		Dry Gas		To corre	ect legal de	scription			
hange in Operator	Casinghead Gas 📝	Conocusate	<u> </u>	<u> </u>					
change of operator give name d address of previous operator									
DESCRIPTION OF WELL	AND LEASE								
ease Name	Well No.	Pool Name	, Includin	g Formation		Kind of	Lease ederator Fee		ise No.
E.C. Hill 'B' Feder	al 5	South	Teagu	e-ABO				C	064118_
ocation								-	1 !
Unit LetterB	. 990	_ Feet From	The	North Line	and1655	Fee	t From The	East	Line
Section 34 Townshi	p 23S	Range	37E	, NN	IPM,	Lea			County
I. DESIGNATION OF TRAN	SPORTER OF O	IL AND	NATUI	RAL GAS					
I. DESIGNATION OF INALIA	or Conde		7	Address (Give	address to wh	ich approved	copy of this for	rm is to be se	nt)
Texas New Mexico Pipeline		<u> </u>		P.O. Box 60028, San Angelo, TX 76906 Address (Give address to which approved copy of this form is to be sent)					
ame of Authorized Transporter of Casing		or Dry Ga						rm is to be se	nt)
Sid Richardson Carbon & G					in Street, F				
well produces oil or liquids,	•	Twp.	Rge.	1 - ·					
ve location of tanks.	D 35	235	37E				12-1900	<u></u>	
this production is commingled with that V. COMPLETION DATA	from any other lease or	r pool, give c	commings	ing order num					
	Oil Wel	li Gas	Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Designate Type of Completion	Date Compl. Ready t	to Prod		Total Depth	l	<u> </u>	P.B.T.D.		
Date Spudded	Date Compi. Ready	10 1 10a.							
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation			Top Oil/Gas Pay			Tubing Dept	Tubing Depth		
Sievagons (Dr., Jose, At., CA, Co.,									
erforations							Depth Casin	g Shoe	
							<u> </u>		
				CEMENTI	NG RECOR			SACKS CEMENT	
HOLE SIZE	CASING & T	TUBING SIZ	ZE		DEPTH SET		- 	SACKS CEN	LIVI
				 					
	-								
. TEST DATA AND REQUE	ST FOR ALLOW	VABLE							
OIL WELL (Test must be after	recovery of total volum	re of load oil	and mus	i be equal to o	exceed top all	owable for th	is depth or be	for full 24 ho	urs.)
Date First New Oil Run To Tank	Date of Test			Producing N	iethod (Flow, p	ump, gas lift,	elc.)		
				\ <u></u>			Choke Size		
Length of Test	Tubing Pressure			Casing Pressure			CHOUS AIRE		
	Oil - Bbls.			Water - Bbls.			Gas- MCF		
Actual Prod. During Test									
GAS WELL									
Actual Prod. Test - MCF/D	Length of Test			Bbis. Condensate/MMCF			Gravity of Condensate		
							/ Chile 8!		
Testing Method (pitot, back pr.)	sting Method (puot, back pr.) Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size		
				———					
VI. OPERATOR CERTIFI	CATE OF COM	IPLIAN	CE		OIL CO	NSERV	/ATION	DIVISI	ON
I hereby certify that the rules and rea	ulations of the Oil Con	servation					1441	1 5 199	93
Division have been complied with ar is true and complete to the best of m	id that the information (iv knowledge and helief	given above [.			A ·-	_ al	JAN	1 () (3.	
15 time and complete to the oest of the) who were and position			ובו וו	e Annrov	HΩ			

Date

Signature Bonnie Husband

Printed Name

1/13/93

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.

Title.

Date Approved _

ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR

2) All sections of this form must be filled out for allowable on new and recompleted wells.

Office Manager/Tech Title

915/683-4434

Telephone No.

- 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.

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OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III		
IOO Die Dares Dd	Artec NM	27A10

to la place ital impolition of the	REQUEST FO									
perator	IOTHA	NSPORT (UIL A	NU NAT	UNAL GA) Well AP	I No.			
Plains Petroleum Operating Company					.,	30-025-10944				
ddress 415 West Wall, S	Suite 1000 Mi	dland Tex	as 7	9701						
eason(s) for Filing (Check proper box)	dite 1000, win	<u>qiqiiq, 10x</u>	[Other	(Please explain	n)				
ew Well	· · · · · ·	Transporter of:	—	Change	of Batter	y Locatio	n - Comr	ningled		
ecompletion	_	Dry Gas L	╡	•	·					
hange in Operator	Casinghead Gas /	Condensate [ᆜ			 				
change of operator give name d address of previous operator										
. DESCRIPTION OF WELL A	AND LEASE Well No.	Pool Name, In	cluding	Formation		Kind of	Lease	Lei	ise No.	
	ederal 5	South Te	_			State, F	ederal or Fee	LC	264118	
ocation	990				165	5		East		
Unit LetterB	_ : 1980	_ Feet From The	e _No	orth Line	and <u>520</u>	Fee	t From The	West	Line	
Section 4 Township	p 23S	Range 37	/E	, NM	IPM,	Lea		··	County	
II. DESIGNATION OF TRAN			TUR	AL GAS		· i	of this for	m is to be see		
Name of Authorized Transporter of Oil	or Conde	ensate	- I	•	address to wh					
Texas New Mexico Pipel Name of Authorized Transporter of Casin	ine ghead Gas	or Dry Gas		P.O.B Address (Give	OX 60028 address to wh	, San An uch approved	gelo, IX. copy of this for	10900 m is to be se	nt)	
	-	J. 2., G., [
Sid Richardson Carbon & Gasoline Co. If well produces oil or liquids, Unit Sec. Tw			Rge. 1	201 Main Street, Ft. Worth			?	7		
ive location of tanks.	D 35	<u> </u>	7E	<u>Yes</u>			12-1953	D	C-82	
this production is commingled with that V. COMPLETION DATA	from any other lease of	or pool, give con	wninglio	g order numl	xer:					
Designate Type of Completion	Oil We	ell Gas W	'ell	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready	Date Compi. Ready to Prod. Total Depth				P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing	Name of Producing Formation			Pay		Tubing Depth			
Perforations							Depth Casin	g Shoe		
	TURIN	G, CASING	AND (CEMENTI	NG RECOF	SD.	<u> </u>			
HOLE SIZE		TUBING SIZE			DEPTH SET		SACKS CEMENT			
HOLL OILL										
							 			
V. TEST DATA AND REQUE	ST FOR ALLO	WABLE		L			_1			
OIL WELL (Test must be after	recovery of total volu	me of load oil as	nd musi	be equal to o	r exceed top al	lowable for th	is depth or be	for full 24 ho	urs.)	
Date First New Oil Run To Tank	Date of Test			Producing N	lethod (Flow, p	ownp, gas lift,	elc.)			
Length of Test	Tubing Pressure	<u> </u>		Casing Pres	sure		Choke Size			
Actual Prod. During Test	Oil - Bbis.			Water - Bbls.			Gas- MCF			
				<u> </u>			_			
GAS WELL	I seek of Tool		<u></u>	Bhis Cond	ensate/MMCF		Gravity of	Condensate		
Actual Prod. Test - MCF/D	Length of Test			Bbis. Condensate/MMCF						
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFI	ICATE OF CO	MPLIANC	E	┧──	0" 00	MOEDI		חועופו	ON	
I hereby certify that the rules and re-	gulations of the Oil Co	mservation	_		OIL CC	IN2FH/	/ATION	ופואוח	UN	
Division have been complied with a is true and complete to the best of n	and that the information	given above		Da	te Approv	ed_	JAN	- 8 199	ઉ 	
Bonnie										
	r pusivees ve	<u> </u>		By	ORIGIN	HAL SIGNE	B BY JERRY	Y SEXTON	L	

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Signature

12/10/92 Date

Bonnie Husband Printed Name

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