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

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

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Plains Petroleum Operating Company		Well API No. 30-025-10944
Address 415 West Wall, Suite 1000, Midland, Texas 79701		
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain) New Well <input type="checkbox"/> Change in Transporter of: Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> To correct legal description Change in Operator <input type="checkbox"/> Casinghead Gas <input checked="" type="checkbox"/> Condensate <input type="checkbox"/>		
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name E.C. Hill 'B' Federal	Well No. 5	Pool Name, Including Formation South Teague-ABO	Kind of Lease State, <u>(Federal)</u> or Fee	Lease No. LC 064118
Location Unit Letter <u>B</u> : <u>990</u> Feet From The <u>North</u> Line and <u>1655</u> Feet From The <u>East</u> Line Section <u>34</u> Township <u>23S</u> Range <u>37E</u> , NMPM, <u>Lea</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Texas New Mexico Pipeline	Address (Give address to which approved copy of this form is to be sent) P.O. Box 60028, San Angelo, TX 76906					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Sid Richardson Carbon & Gasoline Co.	Address (Give address to which approved copy of this form is to be sent) 201 Main Street, Ft. Worth, TX 76102					
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 35	Twp. 23S	Rge. 37E	Is gas actually connected? Yes	When? 12-1953

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

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 Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

V. 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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	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 complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature Bonnie Husband
Bonnie Husband Office Manager/Tech
Printed Name Title
1/13/93 915/683-4434
Date Telephone No.

OIL CONSERVATION DIVISION

JAN 15 1993

Date Approved

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.

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator	Well API No.
Plains Petroleum Operating Company	30-025-10944
Address	
415 West Wall, Suite 1000, Midland, Texas 79701	
Reason(s) for Filing (Check proper box)	
<input type="checkbox"/> New Well	<input checked="" type="checkbox"/> Other (Please explain)
<input type="checkbox"/> Recompletion	Change of Battery Location - Commingled
<input type="checkbox"/> Change in Operator	
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Hill, E. C. 'B' Federal	5	South Teague-ABO	State, Federal or Fee	LC 064118
Location				
Unit Letter		Feet From The	Line and	Feet From The
B	990	North	520	East
Section	Township	Range	NMPM	County
34	23S	37E	Lea	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which approved copy of this form is to be sent)
Texas New Mexico Pipeline	<input checked="" type="checkbox"/>	P. O. Box 60028, San Angelo, TX 76906
Name of Authorized Transporter of Casinghead Gas	or Dry Gas	Address (Give address to which approved copy of this form is to be sent)
Sid Richardson Carbon & Gasoline Co.	<input checked="" type="checkbox"/>	201 Main Street, Ft. Worth, TX 76102
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	D	35
	23S	37E
Is gas actually connected?	When ?	
Yes	12-1953	
If this production is commingled with that from any other lease or pool, give commingling order number:		
PC 823		

IV. COMPLETION DATA

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 Prod.	Total Depth	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Perforations	Depth Casing Shoe							
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					

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GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	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 complied with and that the information given above is true and complete to the best of my knowledge and belief.

Bonnie Husband

Signature

Bonnie Husband

Printed Name

Office Manager/Tech

Title

12/10/92

Date

915/683-4434

Telephone No.

OIL CONSERVATION DIVISION

JAN - 8 1993

Date Approved

By ORIGINAL SIGNED BY JERRY SEXTON

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