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

State of New Mexico Energy, Minerals and Natural Resources Det 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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

· Operator		O ITIA	1101 0	/I II OIL	AND NAI	OTTAL GA	<del></del>	Well A	PLNo			
Operator Plains Petroleum Operating Company								Well API No.				
Plains Petroleum Address					0-025-10945							
415 West Wall, S	mite 100	0 Mid	lland	Texas	79701					Л		
Reason(s) for Filing (Check proper box)	<u> </u>	, , ,,,,,	,	10.145		(Please expla	in)					
New Well	(	Change in	<b>Fransport</b>	ter of:	Change	of Batter	ry L	ocati	on - Con	mingled		
Recompletion	Oil		Dry Gas				,					
Change in Operator	Casinghead	Gas Z	Condens	iale []								
change of operator give name and address of previous operator												
•		CE										
I. DESCRIPTION OF WELL A Lease Name	ng Formation / Kind			Kind c	of Lease No.							
					about Pastock			State, Federal or Fee		LC	LC 064118	
Location	CHOILI				louch	<u></u>						
Unit Letter A	: 810	ŀ	Feet Fro	om The		and <u>660</u>		Fe	et From The	East	Line	
		_										
Section 4 Township	<u>23S</u>	<u> </u>	Range	37E	, NI	ирм,	Le	<u>a</u>			County	
III. DESIGNATION OF TRANS	CDADTE		II ANI	n natii	DAT CAS							
II. DESIGNATION OF TRAINS  Name of Authorized Transporter of Oil		or Conden		NATU	Address (Giv	address to w	hich as	proved	copy of this fo	orm is to be se	nt)	
	اللا	P. O. Box 60028, San Angelo, TX 76906										
Texas-New Mexico Pipe Name of Authorized Transporter of Casing	Gas	Address (Give address to which approved copy of this form is to be sent)										
Sid Richardson Carbon	& Gasoline Co.				201 Main Street, Ft. Wo				•			
If well produces oil or liquids,		Unit Sec. Twp. Rge.			Is gas actually connected? Wh				1000			
give location of tanks.	D	35	<u>  238</u>	<b>」37E</b>	Yes			l	1990	Vo.	77	
If this production is commingled with that f	rom any other	er lease or	pool, giv	e commingli	ing order num	DEF:				PC-S	(4)	
IV. COMPLETION DATA		Oil Well		Gas Well	New Well	Workover	l D	eepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	- (X)		' ¦`	Sas Well			1				ĺ	
Date Spudded	Date Comp	ol. Ready to	o Prod.		Total Depth	l			P.B.T.D.			
-	ļ											
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay				Tubing Dep	Tubing Depth		
Defortions.					1				Depth Casing Shoe			
Perforations									Depart Call	e chiev		
	<del>_</del>	TIRING	CASI	NG AND	CEMENTI	NG RECOR	RD		_!			
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT				
11022 3122	1	<u> </u>										
					ļ					<u></u>		
					ļ							
	DE FOR	ALLOW	ADLE		<u> </u>					<u> </u>		
V. TEST DATA AND REQUES OIL WELL (Test must be after to	ST FOR A	ALLOW	ABLE	ail and mus	t he equal to a	r exceed top al	llowah	le for th	is denth or be	for full 24 hor	ors.)	
OIL WELL (Test must be after a  Date First New Oil Run To Tank	Date of Te		e oj iodu	UU UNIZ WAS	Producing N	lethod (Flow, p	ритр,	gas lift,	etc.)		<del></del>	
Date First New Oil Run 10 1 aux	Date of Te	ie of Tex										
Length of Test	Tubing Pr	Tubing Pressure			Casing Pressure				Choke Size	Choke Size		
									G VCF			
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.				Gas- MCF				
											<del></del>	
GAS WELL											_ ,	
Actual Prod. Test - MCF/D	Length of Test				Bbis. Condensate/MMCF				Gravity of Condensate			
	This is a second of the least			Code Description in N			Choke Size					
Testing Method (pitot, back pr.)	Tubing Pr	ubing Pressure (Shut-in)				Casing Pressure (Shut-in)			CHORE SIZE			
	1		IDI 7 A	NOT	<del></del>							
VI. OPERATOR CERTIFIC	_			NCE		OIL CO	NS	ER\	/ATION	DIVISI	ON	
I hereby certify that the rules and regularity Division have been complied with and	Dations of the	e Uil Cons	ervation iven sho	ve	11		•					
is true and complete to the best of my	knowledge	and belief.	,	•	Det	e Approv	וסל		1VVI - 0	1993		
· · · · · · · · · · · · · · · · · · ·					Dal	a whhin	cu		C KILL	1000		
- Bonne Au	stian	nd			n	OBIAIN	A) 04	<b>企</b> 利益的	BY JERRY	SEXTON		
Signature				-/T1-	By.				SUP SKR VIS			
Bonnie Husband Printed Name	Office Manager/Tech					-						
12/10/92		91		-4434	il lith	e						
Date			elephone									

- 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.