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Appropriate District Office
DISTRICT I
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

OIL CONSERVATION DIVISION

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

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Plains Petroleum Operating Company	Well API No. 30-025-10949
Address 415 W. Wall, Suite 1000 Midland, Texas 79701	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of operator give name
and address of previous operator

Cancel League Blinby

II. DESCRIPTION OF WELL AND LEASE

Lease Name E. C. Hill "B" Federal	Well No. 4	Pool Name, Including Formation Teague Paddock	Kind of Lease State, Federal or Fee	Lease No. LC-064118
Location Unit Letter G : 1980 Feet From The North Line and 1989 Feet From The East Line Section 34 Township 23S Range 37E , NMPM, Lea 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"/> TX-NM PL	Address (Give address to which approved copy of this form is to be sent) Jal, New Mexico	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Sid Richardson Gas Carbon + Gasoline Co	Address (Give address to which approved copy of this form is to be sent) Jal, New Mexico	
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 35
	Twp. 23S	Rge. 37E
	Is gas actually connected? Yes	When ?

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
						X		
Date Spudded 10-30-91 (PB)	Date Compl. Ready to Prod. 12-22-91		Total Depth 9827		P.B.T.D. CIBP 5311-@5278'			
Elevations (DF, RKB, RT, GR, etc.) Gr 3270	Name of Producing Formation Paddock		Top Oil/Gas Pay 5118'		Tubing Depth 5272'			
Perforations 5251'-5201' (20 holes) 5118'-5190' (28 holes)					Depth Casing Shoe 9510			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
	13 & 13 3/8		329		300 sx			
12"	9 5/8"		2917		1500 sx			
	7"		9510		650 sx			
	2 7/8"		5272					

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 12-9-91	Date of Test 12-13-91	Producing Method (Flow, pump, gas lift, etc.) 2 1/2" X 1 1/2" X 16' pump	
Length of Test 24 hr	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 96 Bbls	Oil - Bbls. 24	Water - Bbls. 72	Gas- MCF 91

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 Office Manager/Tech
Printed Name Bonnie Husband Title
Date 07-31-92 Telephone No. (915) 683-4434

OIL CONSERVATION DIVISION

Date Approved AUG 04 '92
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.