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

State of New Mexico , Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

Well API No.

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

TO TRANSPORT OIL AND NATURAL GAS

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

Operator					Well A	PI No.				
Plains Petroleum		3			30-025-30773					
Address 415 West Wall,	Suite 1000, M	idland, Texas	79701					_		
Reason(s) for Filing (Check proper box)		· · · · · · · · · · · · · · · · · · ·		(Please expla	in)					
New Well	Change in	Transporter of:	Chang	Change of Battery Location - Commingled						
Recompletion \Box		Dry Gas 📙						[
Change in Operator	Casinghead Gas	Condensate								
f change of operator give name and address of previous operator										
II. DESCRIPTION OF WELL	AND LEASE									
Lease Name	Well No.	Pool Name, Includir	g Formation	311	/ 4/ /	of Lease		ase No.		
VHill, (E. C.) 'D'	Federal 6	Teague Blin	1	107.76	State,	Federal or Fee	<u> LC</u>	064118		
Unit LetterI	: 330	_ Feet From The	East Line	and	<u>) </u>	et From The	South	Line		
Section 34 Township	23S	Range 37E	, NI	IPM,	Lea			County		
III. DESIGNATION OF TRAN	SPORTER OF C	OIL AND NATU	RAL GAS		<u></u> -		<u>.</u>			
Name of Authorized Transporter of Oil					Address (Give address to which approved copy of this form is to be sent)					
Texas-New Mexico Pipeline				P. O. Box 60028, San Angelo, TX 76906						
Name of Authorized Transporter of Casinghead Gas or Dry Gas 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,	Unit Sec.		Is sas actually connected? When			?				
give location of tanks.	D 35	Twp. Rge. 23S 37E	Yes 3/1				00	012		
If this production is commingled with that IV. COMPLETION DATA						•	PC.	-323		
Designate Type of Completion		i	New Well	Workover	Deepen	<u> </u>	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	Top Oil/Gas Pay			Tubing Depth					
Perforations				 		Depth Casir	Depth Casing Shoe			
	TIDING	, CASING AND	CEMENTI	NG RECOR	<u> </u>					
UO 5 0175	CASING & TUBING SIZE		CISIVILIATI	DEPTH SET		SACKS CEMENT				
HOLE SIZE	CASING & TOBING SIZE		DEF (11 OE)							
					- · · · · · · · · · · · · · · · · · · ·	<u> </u>				
V. TEST DATA AND REQUE	ST FOR ALLOV	VABLE					6 6-11 24 ha			
				be equal to or exceed top allowable for this depth or be for full 24 hours.) Producing Method (Flow, pump, gas lift, etc.)						
Date First New Oil Run To Tank	Date of Test	Producing N	eutou (Flow, p	ump, gas tyt,	eic.j					
Length of Test	Tubing Pressure	Casing Pressure			Choke Size	Choke Size				
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.			Gas- MCF					
GAO WELL			J					 		
GAS WELL Actual Prod. Test - MCF/D	Length of Test		Bbls. Conde	nsate/MMCF		Gravity of	Condensate			
				Calabara (Classic)			Choke Size			
Testing Method (pitot, back pr.)	Tubing Pressure (S	Casing Pressure (Shut-in)			GIORE SIZE					
VI. OPERATOR CERTIFIC				OIL CO	NSER\	/ATION	DIVISI	ON		
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above				JAN - 8 1993						
is true and complete to the best of my knowledge and belief.				Date Approved						
Bonnie St	ustand	<u></u>	By.	ORIGINA	AT SIGNED	BA BESEA	SEXTON			
Signature Bonnie Husband Office Manager/Tech Printed Name Title										
12/10/92 915/683-4434				9						
Date		Telephone No.								

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.