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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 I-1-89 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION

ISTRICT II O. Drawer DD, Antesia, NM 88210	TRICT II Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 87504-2088									
ISTRICT III 000 Rio Brazos Rd., Aziec, NM 87410					ATION	şi.	at o	D		
REQUEST FOR ALLOWABLE AND AUTHORIZ TO TRANSPORT OIL AND NATURAL GA						Carre	clid	Lepo		
perator					Well AP	Well API No. // 30-025-31541				
Plains Petroleum Ope										
415 W. Wall, Suite 1	000, Midland,	Texas 79701	X Other	(Please explai	(n)					
eason(s) for Filing (Check proper bax)	Change in	Transporter of:	*Coi	rection	to Test	Data				
ecompletion		Dry Gas								
hange in Operator	Casinghead Gas X	Condensate								
change of operator give name id address of previous operator			·							
L DESCRIPTION OF WELL	AND LEASE	1			Vind of	· · · · · · · · · · · · · · · · · · ·	I ea	se Na		
ease Name E. C. Hill 'B' Feden		Pool Name, Including	g Formation Kind of State, Fo			ederal or Fee		64118		
ocation										
Unit Letter	:2110	_ Feet From The	South	and1986	<u>0</u> F∞	t From The	East	Line		
2/ -	hip 23S	Range 37E	NI	ирм, Lea				County		
Section 34 Towns	hip 233	Range 3/E	, 140	IIM, ECC						
II. DESIGNATION OF TRA			RAL GAS		ish annual	copy of this form	is to be sen	()		
Name of Authorized Transporter of Oil	[41]	ensate						• 7		
Texas-New Mexico Pi	P. O. Box 42130, Houston, Texas 77242 Address (Give address to which approved copy of this form is to be sent)									
eme of Authorized Transporter of Casinghead Gas X or Dry Gas El Paso Natural Gas Go. Sid Richardson			P. O. Box 1492, El Paso, TX 79978							
If well produces oil or liquids,	Unit Sec.	Twp. Rge.		y connected?	When	?				
ive location of tanks. If this production is commingled with the	D 35	r pool give comming	Yes	ber:		 .——————————————————————————————				
V. COMPLETION DATA	at from any other lease o	i poot, give eximine								
	Oil We	il Gas Well	New Well	Workover	Deepen	Plug Back S	ıme Res'v	Diff Res'v		
Designate Type of Completion				<u></u>	<u> </u>	P.B.T.D.		l		
Date Spudded	Date Compl. Ready 7-24-92	to Prod.	Total Depth 6000'			5955'				
6-26-92 Elevations (DF, RKB, RT, GR, etc.)	Name of Producing	Formation	Top Oil/Gas Pay			Tubing Depth				
GR 3268'	Blinebry	1			5297'			5400 Depth Casing Shoe		
Perforations				2071 54		1 '	5000 6000	,		
5767 ' - 5775 ' (1 JS	PF) 5534' -	5694' (2 JS G, CASING AND		297' - 54 NG RECOR		371)	0000			
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT			
18"	14"	14"		39'			10 sx			
12-1/4"		8-5/8"		1216'			525 sx "C"			
7-7/8"		5-1/2" 2-3/8"			6000' 5262'			1295 sx		
V. TEST DATA AND REQU	EST FOR ALLOY	VABLE	<u> </u>			<u> </u>				
OIL WELL (Test must be aft	er recovery of total volum	ne of load oil and mus	st be equal to o	r exceed top all	lowable for th	is depth or be for	full 24 how	rs.)		
Date First New Oil Run To Tank	Date of Test	i =			Producing Method (Flow, pump, gas lift, e					
7-23-92		7-26-92 Tubing Pressure		Casing Pressure			Choke Size			
Length of Test 24 hour	1	150		N/A			32/64			
Actual Prod. During Test	Oil - Bbls.	<u> </u>		Water - Bbis.			Gas- MCF			
225	225		365	<u>*</u>		420	*			
GAS WELL	·		16::			Comment Co	ndencate			
Actual Prod. Test - MCF/D	Length of Test	Length of Test		Bbls. Condensate/MMCF			Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pressure (S	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)			Choke Size			
I committee (hund) amounts, it										
VL OPERATOR CERTIF	TCATE OF CON	MPLIANCE		011 00	NICEDI	ATION F	211/1016	SNI		
I hereby certify that the rules and t	regulations of the Oil Cor	servation		OIL CO	NOEKV	'ATION [אכועונ	אוע		
Division have been complied with is true and complete to the best of		Date Approved AUG 1 3 '92								
	111		Dat	e Approv	o. Signed					
Thank (L)	Leberding		D.,	1	Paul Keur					
Signature Mark A. Nie	berding Peta	coleum Engin	∥ By. .eekr		Moongari)				
Printed Name		Title	Title	Δ						

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

8-11-92

Date

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

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

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.