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Appropriate District Office
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DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Plains Petroleum Operating Company	Well API No. 31776 30 025 81776
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 checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input 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 _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name E. C. Hill B Federal	Well No. 9	Pool Name, including Teague (Yeso) Blinberry	Kind of Lease State (Federal or Fee)	Lease No. LC 064118
Location Unit Letter P : 900 Feet From The S Line and 600 Feet From The E 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"/> 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? 6-12-93

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 X	Gas Well	New Well XX	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 5-15-93	Date Compl. Ready to Prod. 6-11-93		Total Depth 6005'		P.B.T.D. 5957'			
Elevations (DF, RKB, RT, GR, etc.) 3247' GR	Name of Producing Formation Yeso		Top Oil/Gas Pay 5013'		Tubing Depth 4933'			
Perforations 5013' - 5149' & 5298' - 5487'					Depth Casing Shoe 6005'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4	8-5/8 24# K-55		1180' KB		635 sx Class C			
7-7/8	5-1/2 15.5# J-55		6005'		585 sx Class H			
					783 sx Class C			

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.)

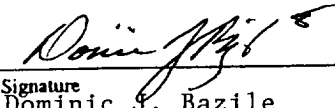
Date First New Oil Run To Tank 6-12-93	Date of Test 6-17-93	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hours	Tubing Pressure 540#	Casing Pressure 0#	Choke Size 22/64
Actual Prod. During Test	Oil - Bbls. 69	Water - Bbls. 510	Gas - MCF 762

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
Dominic S. Bazile
Printed Name
July 6, 1993
Date

Area Engineer
Title
915/683-4434
Telephone No.

OIL CONSERVATION DIVISION

JUL 14 1993

Date Approved _____

By ORIGINAL SIGNATURE OF 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.

RECEIVED

JUL 12 1993