

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 Plains Petroleum Operating Company		Well API No. 30-025-31994
Address 415 W. West Wall, Suite 1000, Midland, TX 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 Eva E. Blinebry	Well No. 21	Pool Name, including Formation Langlie Mattix 7RVS QN	Kind of Lease State, Federal or Fee	Lease No. LC 064118
Location Unit Letter <u>G</u> : <u>1860</u> Feet From The <u>N</u> Line and <u>1980</u> Feet From The <u>E</u> Line Section <u>34</u> Township <u>23S</u> Range <u>37E</u> , 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 66028, San Angelo, TX 76906	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Sid Richardson Crude & 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 H	Sec. 34
	Twp. 23S	Rge. 37E
	Is gas actually connected? Yes	When? 6-24-93

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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v <input type="checkbox"/>	Diff Res'v <input type="checkbox"/>
Date Spudded 6-2-93	Date Compl. Ready to Prod. 6-25-93		Total Depth 3703'		P.B.T.D. 3662'			
Elevations (DF, RKB, RT, GR, etc.) 3274' GR	Name of Producing Formation Queen-Penrose		Top Oil/Gas Pay 3398'		Tubing Depth 3447'			
Perforations 3398' - 3559'					Depth Casing Shoe 3703'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8" 24# J-55		376'		315 sx			
7-7/8"	5-1/2" 15.5# J-55		3703'		1250 sx			

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 6-23-93	Date of Test 6-26-93	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs	Tubing Pressure 0	Casing Pressure 0	Choke Size
Actual Prod. During Test	Oil - Bbls. 20	Water - Bbls. 208	Gas - MCF 32

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 J. Bazile Area Engineer
Printed Name 7-19-93 Title
Date 915/683-4434 Telephone No.

OIL CONSERVATION DIVISION

Date Approved JUL 21 1993

By Paul Kautz Signed by
Geologist

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

1911-12-10

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