O. Box 1980, Hobbs, NM 88240

## State of New Mexico Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION P.O. Box 2088

DISTRICT III
1000 Rio Brizos Rd., Ariec, NM \$7410

Santa Fe, New Mexico 87504-2088 REQUEST FOR ALLOWABLE AND AUTHORIZATION

<b>I.</b>	TO	O TRANS	PORT OIL	AND NAT	URAL GA	S	W V V				
Operator Plains Petroleum Operating Company											
Address 415 W. Wall, Suite 2	110, Mi	dland,	Texas 79	701							
Reason(s) for Filing (Check proper box):  New Well Change in Transporter of:  Recompletion Cil Dry Gas Change is Operator Casinghead Gas Condensate											
If change of operator give name Arch Petroleum Inc., 777 Taylor St., Suite II-A, Ft. Worth, Texas 76102											
II. DESCRIPTION OF WELL AND LEASE  Lease Name  G.H. Mattix Federal  4 Langlie Mattix 7 Rvrs Qn Grbq  Kind of Lease State Federal or Fee 71-032339A											
Location  Unit Letter D : 656.5   Feet From The N   Line and 654.4   Feet From The W   Line											
Section 3 Township 24 S Range 37 E NMPM, Lea County											
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS											
Name of Authorized Transporter of Oil Texas New Mexico Pipel	Address (Give address to which approved copy of this form is to be sent) P.O. Box 5568, Denver, Colorado 80217										
Name of Authorized Transporter of Casinghead Gas X or Dry Gas El Paso Natural Gas				Address (Give address to which approved copy of this form is to be sent) P.O. Box 1492, El Paso, Texas 79978							
If well produces oil or liquids, give location of tanks.	Unit S	Unit Sec. Twp. Rge. Is gas actually connected?						11-61			
If this production is commingled with that from any other lease or pool, give commingling order number:  IV. COMPLETION DATA											
Designate Type of Completion -	~	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Date Spudded				Total Depth			P.B.T.D.	<u> </u>			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth				
Perforations					Depti				pth Casing Shoe		
TUBING, CASING AND CEMENTING RECORD											
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT				
V. TEST DATA AND REQUES OIL WELL (Test must be after re				he equal to or	exceed top all	owable for this	depth or be	for full 24 hour			
OIL WELL (Test must be after recovery of total volume of load oil and must  Date First New Oil Rus To Tank  Date of Test					Producing Method (Flow, pump, gas lift, etc.)						
Length of Test	Tubing Pressure			Casing Pressure			Choke Size				
Actual Prod. During Test	Oil - Bbls.			Water - Bbis.			Gas- MCF				
GAS WELL	<u>l:</u>	•		•			1				
Actual Prod. Test - MCF/D						Bbls. Condensate/MMCF			Gravity of Condensate		
Testing Method (pitot, back pr.)	Tubing Pres	seire (Shui-in	)	Casing Pressure (Shut-ia)			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.				OIL CONSERVATION DIVISION Date Approved SEP 1 0 1991							
Signature Bonnie Husband, Office Manager Printed Name Title				By ORIGINÁL SIGNED BY PURKY SEXTON  DISTRICT LISARZÁVISOR							
Printed Name 9-3-9/ Date	Title			·	<del></del>	•					

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.

教育に対する意

SEP 06 1991

MUSES CHECK