District I PO Box 1980, Hobbs, NM 88241-1980 District II

State of New Mexico ergy, Minerals & Natural Resources Department

Form C-104

20 Drawer DD, Artesia, NM 88211-0719

District III

OIL CONSERVATION DIVISION PO Box 2088

Revised February 10, 1994 Instructions on back Submit to Appropriate District Office
5 Copies

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REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT Operator name and Address Operator name and Address															
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Mi	970	e 1000			CO 7-					Reason for Filing Code L-96					
30 - 0 25		0988	L	ANGLIE	'Po NGLIE MATTIX 7 RIVER				OI NAME S QUEEN GRAYBURG				1 Pool Code 37240		
' Pr 00			G. H. MATTIX					perty Name				' w	ell Number		
I. 10 (Location														
J	Section 3	Township 245	`	Range 37E	Lot.idn	1	eet from the		North/South Line South		Feet from the	East/W		County LEA	
ii Bottom Hole					<u> </u>	1701		30deli		<u>n</u>	1988	Le	ast		
UL or lot no.		Townsh		Range	Lot Idn	Fe	et from	the North/Sc		outh line	Feet from the	East/W	est line	County	
" Lee Code	" Prods	cing Method	Cade	- "Gra	Connection De	┷	11.0			 	<u> </u>	<u> </u>			
F	l rous	MACINE MICHOG (U	Connection D:	•le	" C-1	29 Permit Number			" C-129 Effective	Date	" C.	129 Expiration Date	
III. Oil a	nd Gas	s Transp	orte	rs									i		
11 Transpo OGRID				ransporter N				" POD " 0/G				" POD ULSTR Location			
022628		TEXAS		EW MEXICO PIPEL			NE 2		510	0	and Description J-3-24S-37E			08	
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020809		San Angelo, TX 76906													
020809		SID RICHARDSON 201 Main Street					2169530			G	J-3-24S-37E				
Explained in		Ft. Wor	rth.	th, TX 76102											
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216	юр 69550			-3-24\$-	-37E		u	POD U	LSTR Loca	tion and	Description				
	Compl	letion Da	ata	** ** - 1 ft											
31			—т	" Ready D				" TD			" PBTD		" Perforations		
	™ Hole Si	<u></u>	\dashv	" (Casing & Tub	ing Siz	ie	-		" Depth S	લ		» Sac	cks Cement	
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							PT448	+							
VI. Well				······································											
" Date	New Oil	" G	u Deli	livery Date	ry Date ³⁴ Test Date			" Test Length			³⁴ Tbg. Pressure			H Cag. Pressure	
" Choke Size			4 Oil 4 Water				r	u Gas			* /	" AOF " Test Med			
" I hereby cer with and that i knowledge and	the informs	ition given abo	ove is	true and com	Division have be implete to the be	est of n	amplied ny		0	IL CO) NSERVAT	LION	DIVI:	SION	
Signature:		Bons	n 11	Musi	formal	,		Approved by: OF: CIMAL SIGNED BY							
Signature: Strong Squotand Printed name: Bonnie Husband								Tide: OATY WINK FIELD REP. II							
Title:		Admini	str	ative	ive Assistant				Approval Date:						
Date: 9-1	1-96			Phone:	915/683-	-443	34	SEP 18 1996							
" If this is a	change of	operator fill	in the	OGRID by	umber and nai	me of t	the prev	ious oper	rator						
	Previo	us Operator	Signal	lure				Prir	nted Name			 .	Title	Date	
19															