Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbe, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

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

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 Brizos Rd., Azisc, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Plains Petroleum Op	erating Con	ากลทบ	i			Well A	ri no.			
Viains Petroleum op	refacility con	יהמוול)					•		
415 W. Wall, Suite 2	2110, Midla	nd, T	exas 79	701						
leason(s) for Filing (Check proper box)		• •		Othe	s (Please expla	in)	•	•	ı	
New Well Recompletion	Oil	Dry (porter of:	•						
Change in Operator	Casinghead Gas	_ '								
	ch Petroleu	n Inc	., 777 Ta	aylor St	., Suite	e II-A,	Ft. Wor	th, Texa	s 76102	
L DESCRIPTION OF WELL		, 2								
Lesse Name			Name, Includin	-			Lease Redegal or Fed		esse No.	
G.H. Mattix Foderal Location	- 13	ILan	iglie Mat	.t1x / K	vrs yn G	rbq		1/1-03	2339A	
Unit LetterJ	1981	Feat	From The	S Line	and198	8 Fe	et From The .	<u>E</u>	Line	
Section 3 Townshi	p 24 S	Rang	e 37E	, NI	ирм,			Lea	County	
II. DESIGNATION OF TRAN			ND NATUE						ı	
Name of Authorized Transporter of Oil	X	densate			e address to wi	• • •	,.		•	
Texas New Mexico Pipe Name of Authorized Transporter of Casin		or D	ry Gas 🗀		Box 5568					
El Paso Natural Gas	رين ۵۰۰۰۰		,		x 1492,				,	
if well produces oil or liquids, give location of tanks.	Unit Sec.		1S 37 E	Is gas actually connected? When ? YES				52		
f this production is commingled with that IV. COMPLETION DATA	from any other lease	or pool,	give commingli	ng order sum	ber:					
Designate Type of Completion	- (X) -	Vell	Gas Well	New Well	Workover	Despen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl. Read	Data Compl. Ready to Prod.			Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producin	g Formati	os.	Top Oil/Gas Pay			Tubing Depth			
Perforations	<u>.l.</u>		· · · · · · · · · · · · · · · · · · ·	<u>.</u>		· · · · · · · · · · · · · · · · · · ·	Depth Casi	ng Shoe		
	TUBIN	IG. CA	SING AND	CEMENTI	NG RECOR	SD .				
HOLE SIZE		CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT		
•							 			
 				<u> </u>				•		
					· · · · · · · · · · · · · · · · · · ·					
V. TEST DATA AND REQUE										
OIL WELL (Test must be after : Date First New Oil Rus To Tank	recovery of total vol	uma of loc	ed oil and must		r exceed top all lethod (Flow, p			for full 24 hou	F\$.)	
					,		·	·		
Length of Test	Tubing Pressure	Tubing Pressure			NJ19	•	Choke Size			
Actual Prod. During Test	Oil - Bbls.	Oil - Bbis.			Water - Bbla.			Gas- MCF		
GAS WELL				•				,		
Actual Prod. Test - MCF/D	Length of Test	Langth of Test			Bbls. Condensate/MMCF			Gravity of Condensate		
Testing Method (pitot, back pr.)	Tubing Pressure	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size		
VI. OPERATOR CERTIFIC I hereby certify that the rules and regularization have been compiled with and	ulations of the Oil Co	onservatio 1 given ab	G .		OIL CO	NSERV	,			
is true and complete to the best of my	10	ef. /		Dat	e Approv	ed:	SE	P 1 0 1	991	
Signature Signature Offi		<u> </u>		Ву				Y SEXTON		
Bonnie Husband, Off	915-68:	Tiu		Title						
Date	J.J-00.	Telephor	·							

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

SEP 06 1991

HOSSS DONCE