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 Appropriate District Office
 DISTRICT I
 P.O. Box 1980, Hobbs, NM 88240

State of New Mexico
 Energy, Minerals and Natural Resources Department

Form C-104
 Revised 1-1-89
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OIL CONSERVATION DIVISION

DEC 23 1992

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

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

O. C. D.
 OPERATIONS OFFICE

DISTRICT III
 1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
 TO TRANSPORT OIL AND NATURAL GAS

I. Operator FINA OIL & CHEMICAL COMPANY Well API No. _____

Address Box 2990, Midland, TX 79702-2990

Reason(s) for Filing (Check proper box) Other (Please explain)

New Well Change in Transporter of:
 Recompletion Oil Dry Gas
 Change in Operator Casinghead Gas Condensate

If change of operator give name and address of previous operator _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>State HL 2</u>	Well No. <u>1Y</u>	Pool Name, Including Formation <u>Turkey Track Atoka (Gas)</u>	Kind of Lease <u>State</u> Federal or Fee	Lease No.
Location Unit Letter <u>F</u> ; <u>1870</u> Feet From The <u>West</u> Line and <u>2090</u> Feet From The <u>North</u> Line Section <u>2</u> Township <u>19S</u> Range <u>29E</u> , <u>NMPM</u> , <u>Eddy</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> <u>Koch Oil Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 3609, Midland, TX 79702-3609</u>			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <u>Centennian Natural Gas Corporation</u>	Address (Give address to which approved copy of this form is to be sent) <u>4200 E. Skelly Drive, Suite 560, Tulsa, OK 74135-</u>			
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge. Is gas actually connected? When ?
			<u>19</u> <u>29</u>	<u>Yes</u> <u>3209</u>

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations				Depth Casing Shoe				

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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	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 - Bbls.	Gas - MCF

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.

Neva Herndon
 Signature
 Neva Herndon, Petrotechnical Assistant
 Printed Name Title
12-22-92 (915) 688-0608
 Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved DEC 23 1992

By MIKE WILLIAMS
 ORIGINAL SIGNED BY
 SUPERVISOR, DISTRICT II

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.