

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

Form C-104  
Revised 10-01-78  
Format 06-01-83  
Page 1

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.G.S.	<input type="checkbox"/>
LAND OFFICE	<input type="checkbox"/>
TRANSPORTER	<input checked="" type="checkbox"/>
OIL	<input checked="" type="checkbox"/>
GAS	<input type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
PRODUCTION OFFICE	<input type="checkbox"/>

OIL CONSERVATION DIVISION

P. O. BOX 2088

RECEIVED BY SANTA FE, NEW MEXICO 87501

FEB 06 1986

REQUEST FOR ALLOWABLE  
AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS  
ARTESIA, OFFICE

I. Operator  
FINA OIL & CHEMICAL COMPANY

Address  
Box 2990 Midland, TX 79702

Reason(s) for filing (Check proper box)

<input checked="" type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Dry Gas
<input checked="" type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Condensate
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	

Other (Please explain)

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name White Federal	Well No. 1	Pool Name, including Formation Mason Delaware, North	Kind of Lease State, Federal or Foreign Federal LC	Lease No. 070869
Location Unit Letter H : 330 Feet From The North Line and 330 Feet From The East Line of Section 26 Township 26 S Range 31 E , NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

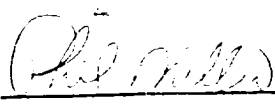
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Western Oil Transportation Co., Inc.	Address (Give address to which approved copy of this form is to be sent) Box 1183 Houston, Tx 77001
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> None	Address (Give address to which approved copy of this form is to be sent) Post ID-2 2-21-86 Complete BK
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit N Sec. 26 Twp. 26 Rge. 31	No

If this production is commingled with that from any other lease or pool, give commingling order number:

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

 Phil Miller  
(Signature)  
Petroleum Engineer II  
(Title)  
January 30, 1986  
(Date)

OIL CONSERVATION DIVISION

APPROVED FEB 20 1986, 19  
BY Original Signed By  
Les A. Clement  
TITLE Supervisor District II

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

#### IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X				X		X	
Date Spudded 11-14-85	Date Compl. Ready to Prod. 11-22-85	Total Depth 4145		P.B.T.D. 4145					
Elevations (DF, RKB, RT, GR, etc.) 3127 GR, 3139 RT	Name of Producing Formation Mason Delaware, North	Top Oil/Gas Pay 4128		Tubing Depth 4120					
Perforations None							Depth Casing Shoe 4128		
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12 1/4	8 5/8		878		325 sx.				
7 7/8	5 1/2		4128		125 sx.				

#### V. TEST DATA AND REQUEST FOR ALLOWABLE (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 Tanks 12-14-85	Date of Test 12-14-85	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs.	Tubing Pressure ---	Casing Pressure ---	Choke Size ---
Actual Prod. During Test ---	Oil - Bbls. 7.0	Water - Bbls. 55	Gas - MCF 12

#### 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