lubmit 5 Copies
Appropriate District Office
DISTRICT I
2.0. Box 1980, Hobbs, 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

Well API No.

DISTRICT II 2.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

FINA OIL & CHEMICAL C	ΟΜΡΔΝΥ	,	30 025		
Address	ONI ART				
Box 2990, Midland, TX	79702-2990				
Reason(s) for Filing (Check proper box)		Other (Please explain)			
New Well	Change in Transporter of: Oil Dry Gas				
Recompletion \square	Oil KA Dry Gas Casinghead Gas Condensate				
Change in Operator	Campnead Gar V7 Condensate			.•	
f change of operator give name and address of previous operator					
I. DESCRIPTION OF WELL	AND LEASE				
Lease Name	Well No. Pool Name, include		Kind of Lease State, Federal or Fee	Lease No.	
Kemnitz Wolfcamp Unit	: 31 Kemnitz L	ower Wolfcamp	State, receive or ree	L	
Location					
Unit LetterE	: 1980 Feet From The NO	rth Line and 660	Feet From The	West Line	
	, 16S Range34	E , NMPM, Le	a	County	
Section 21 Township	, 165 Range 34	L , NMIPM, LO	~		
TI DESIGNATION OF TRAN	SPORTER OF OIL AND NATU	RAL GAS			
Name of Authorized Transporter of Oil	or Condensate	Agaress (Give agaress to which a			
	do Ripoline Company - Trucks Box 2436, Abilene, TX 79604-2436				
Name of Authorized Transporter of Casing	ghead Gas XX or Dry Gas	Address (Give address to which a		s is to be sent)	
GPM (Phillips 66 Natur	al Gas Corp.	4001 Penbrook. Od			
If well produces oil or liquids,	Unit Sec. V Twp. Rge.		When?		
give location of tanks.	F 29 16 34	Yes			
If this production is commingled with that IV. COMPLETION DATA	from any other lease or pool, give comming	ning order number:			
IV. COMPLETION DATA	Oil Well Gas Well	New Well Workover I	Deepen Plug Back Sa	ame Res'v Diff Res'v	
Designate Type of Completion		i i i	i i i		
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
·		Transition Pari	Olica Par		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	op Oil/Gas Pay Tubing Depth		
			Depth Casing	Shoe	
Perforations					
	TUBING, CASING AND	CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SA	CKS CEMENT	
TIOLE OILE					
	TO THE OWNER OF				
V. TEST DATA AND REQUE	ST FOR ALLOWABLE	er he equal to or exceed top allows	ble for this depth or be for	r full 24 hours.)	
OIL WELL (Test must be after Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump	e equal to or exceed top allowable for this depth or be for full 24 hours.) Producing Method (Flow, pump, gas lift, etc.)		
Date First New Oil Run 10 12mx	Date of Test				
Length of Test	Tubing Pressure	Casing Pressure	Casing Pressure Choke Size		
		Water Date Gas-MCF			
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 Co	mdensate	
			Choke Size		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Ciole Site		
VI. OPERATOR CERTIFIC	CATE OF COMPLIANCE	OIL CONS	SERVATION [NOISIVIC	
I hereby certify that the rules and reg Division have been complied with an	ulations of the Oil Conservation	MAR 3 0 '90			
Division have been complied with an is true and complete to the best of my	Date Approved				
\sim	1	Date Apploved	0 1	2	
11 long 1/	emdon	By Jane	usert		
Signature	ll by the	y was			
Neva Herndon, Petro	TOIL AIRT	MCT 1 SHIPTIN	5 16 m -		
Printed Name March 25, 1992	Tide 915 688-0608	Take	<u> </u>	VISOR	
Date Date	Telephone No.				
		8.0			

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.