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

State of New Mexico
Energy, Minerals and Natural Resources Department

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

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

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JAN 26 1993

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I. OPERATOR

Operator Fina Oil and Chemical Company	Well API No. 30-015-27108
Address P.O. Box 2990 - Midland, TX 79702	
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> Change in Transporter of: Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Muskegon 16 State Com	Well No. 1	Pool Name, Including Formation Empire South Morrow	Kind of Lease State, Federal or Fee State	Lease No.
Location Unit Letter N : 1980 Feet From The West Line and 660 Feet From The South Line Section 16 Township 17S Range 29E, NMPM, Eddy 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"/> Koch Oil Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1558 - Breckenridge, TX 76024					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Pinnacle Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 11248 - Midland, TX 79702					
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 16	Twp. 17S	Rge. 29E	Is gas actually connected? No	When? 2/15/93
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
		X	X					
Date Spudded 10/4/92	Date Compl. Ready to Prod. 1/11/93		Total Depth 10,905		P.B.T.D. 10,875			
Elevations (DF, RKB, RT, GR, etc.) 3588 DF: 3589 KB	Name of Producing Formation Morrow		Top Oil/Gas Pay 10,645		Tubing Depth 10,480			
Perforations 10,645-47; 659-61; 675-684; 738-749; 794-812					Depth Casing Shoe 10,905			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	13 3/8"		440		500			
12 1/4"	9 5/8"		2650		1100			
8 3/4"	5 1/2"		10,905		730(Stage 1);1870(Stage2)			
	2 3/8"		10,480					

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.) Post ID-2 6-11-93 comp & BT	
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 1025	Length of Test 7	Bbls. Condensate/MMCF Tr (But made 34 on 4pt)	Gravity of Condensate 46.3
Testing Method (pilot, back pr.) back pr.	Tubing Pressure (Shut-in) 3200	Casing Pressure (Shut-in) 0	Choke Size 24/64

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.

Signature Neva Herndon Title Petrotechnical Assoc.
Printed Name 01/25/93 Telephone No. (915) 688-0600
Date

OIL CONSERVATION DIVISION

Date Approved NOV 30 1993
By ORIGINAL SIGNED BY
MIKE WILLIAMS
Title SUPERVISOR, DISTRICT II

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.

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1/25/93