

OIL CONSERVATION DIVISION

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SANTA FE, NEW MEXICO 87501

JAN 31 '89

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GASO. C. D.
ARTESIA, OFFICE

COPIES OF THIS FORM	
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SANTA FE	
FILE	
U.S.D.	
LAND OFFICE	
TRANSPORTER	
OPERATOR	
PERMITS OFFICE	
COMPTROLLER	

Fina Oil & Chemical Company ✓

Address Box 2990, Midland, TX 79702-2990

Reason(s) for filing (Check proper box)

New Well	☐	Change in Transporter of:	
Recompletion	☐	Oil	☐
Change in Ownership	☒	Casinghead Gas	☐

Other (Please explain)

If change of ownership give name and address of previous owner Tenneco Oil Company, 7990 IH 10 West, San Antonio, Tx 78230

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Jones B. Federal	1	Lusk Strawn	State, Federal or Fee Federal	
Location				
Unit Letter	I	1980 Feet From The South Line and 660 Feet From The East		
Line of Section	25	Township 19S	Range 31E	County Eddy

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)	
Phillips Petroleum Co. - Trucks	4001 Penbrook, Odessa, TX	
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)	
Continental Oil Co.	Box 460, Hobbs, N.M. 88240	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	I	25
		Twp.
		19
		Rge.
		34
		Is gas actually connected?
		When

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'ty.	Diff. Res'ty.
Date Spudded	Date Compl. ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RAD, RJ, CR, 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

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 Tanks	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/MCF	Gravity of Condensate
Testing Method (spot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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)

(Date)

(Date)

OIL CONSERVATION DIVISION

FEB 02 1989

APPROVED _____, 19

Original Signed By
BY Mike Williams

TITLE _____

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 deviate 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.