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RICT III  
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State of New Mexico  
Enviromental Minerals and Natural Resources Department

RECEIVED

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

## OIL CONSERVATION DIVISION

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

JUL - 7 '94

### REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

O. C. D.  
ARTESIA, OFFICE

Operator ADCO, INC.	Well API No. 30-015-10394
Address P.O. Box 7288, Odessa, TX 79760 79708	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Well Completion <input type="checkbox"/> Change in Transporter of: <input checked="" type="checkbox"/> Change in Operator <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Surface to 3500' <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> Effective June 30, 1994 @ 11:59 pm	
Name of operator give name address of previous operator Fina Oil & Chemical Company, P. O. Box 10887, Midland, TX 79702	

#### DESCRIPTION OF WELL AND LEASE

Well Name Jones B Federal	Well No. 3	Pool Name, including Formation Lusk Strawn	Kind of Lease State (Federal) or Fee	Lease No. NM0107697
Location Unit Letter P : 660 Feet From The South Line and 660 Feet From The East Line Section 23 Township 19S Range 31E, NMPM, Eddy County				

#### DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Koch Oil Co.	or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2256 Wichita, KANSAS 67201				
Name of Authorized Transporter of Casinghead Gas	or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)				
Well produces oil or liquids, location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When?

If 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 Rat'y	Diff Rat'y
Is Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Formations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Formations						Depth Casing Shoe		

#### TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

#### TEST DATA AND REQUEST FOR ALLOWABLE

L 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.)

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

#### AS 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

#### 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 [Signature]  
Printed Name David [Name]  
Date 6-20-94  
Title Pres.  
Telephone No. (95) 337-578

#### OIL CONSERVATION DIVISION

Date Approved JUL - 8 1994

By [Signature]  
SUPERVISOR, DISTRICT II

Title [Signature]

#### 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 calculation 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.