

I. OPERATOR

Operator

Fina Oil & Chemical Company

Well API No.

Address

Box 2990, Midland, Texas 79702-2990

Reason(s) for Filing (Check proper box)

New Well

Recompletion

Change in Operator

Change in Transporter of:

Oil

Casinghead Gas

☒ Dry Gas

☐ Condensate

If change of operator give name and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name

HJ 13 Federal Comm H-13

Well No.

1

Pool Name, including Formation

Lusk Morrow

Kind of Lease Fed State, Federal or Fee

Lease No.

Location

Unit Letter K : 1980 Feet From The South Line and 2310 Feet From The West Line

Section 13 Township 19S Range 31E, NMPM, Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil

Koch Oil Company

or Condensate

☒

Address (Give address to which approved copy of this form is to be sent)

P.O.Box 3609, Midland, Texas 79702

Name of Authorized Transporter of Casinghead Gas

El Paso Natural Gas

or Dry Gas

☒

Address (Give address to which approved copy of this form is to be sent)

P.O.Box 460, El Paso, Texas 79978

If well produces oil or liquids, give location of tanks.

Unit K Sec. 13 Twp. 19 Rge. 31

Is gas actually connected?

Yes

When ?

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

Date Spudded

Date Compl. Ready to Prod.

Total Depth

P.B.T.D.

Elevations (DF, RKB, RT, GR, 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 |
| | | | Post ID-3 |
| | | | 6-9-89 |
| | | | chg LT: PP |

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.)

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/MMCF

Gravity of Condensate

Testing Method (puot, back pr.)

Tubing Pressure (Shut-in)

Casing Pressure (Shut-in)

Choke Size

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

Printed Name

Neva Herndon, Senior Production Clerk

Title

Date

915-688-0608

Telephone No.

OIL CONSERVATION DIVISION

Date Approved JUN 2 1989

By ORIGINAL SIGNED BY MIKE WILLIAMS SUPERVISOR, DISTRICT II

Title

