brait 5 Copies propriate District Office RECEN STRICT I						Form C-104 Revised 1-1-89 See Instructions at Bottom of Page	
D. Box 1980, Hobbs, NM 88240 <u>STRICT II</u> O. Drawer DD, Anesia, NM 8821	OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088				Santa Fe File		
STRICT III 000 Rio Brazos Rd., Aztec, NM 87410			AND AUTHORIZAT	Yla -	Transporter Operator		
	/			Well AP	No.		
Fina Oil & Chemica				<u></u>			
Box 2990, Midland,	Texas 79702-2990		Other (Please explain)				
Reason(s) for Filing (Check proper box) New Well	Change in Transporter of	f:					
Recompletion	Oil X Dry Gas Casinghead Gas Condensate						
change of operator give name ad address of previous operator						······································	
L DESCRIPTION OF WELL A Lease Name	Well No. Foor Ivanie,	Including k Mor	Formation NOW		Lease Fed ederal or Fee	Lease No.	
Location		he <u>Sou</u>	th Line and 2310	Feel	From The	estLine	
Unit Letter	10C Breen 3	81E	NMPM, Edd	У		County	
Section 13 Township							
III. DESIGNATION OF TRANS	SPORTER OF OIL AND N			approved	opy of this form	is to be sent)	
Koch Oil Company			P.O.Box 3609, Midland, Texas 79702 Address (Give address to which approved copy of this form is to be sent)				
Name of Authorized Transporter of Casing El Paso Natural G	as		P.O.Box 460, E1	Paso,	Texas /	/9978	
If well produces oil or liquids,	Unit Sec. Iwp. K 13 19	31	s gas actually connected? Yes		• 		
If this production is commingled with that	from any other lease or pool, give co	mminglin	g order number:				
IV. COMPLETION DATA	Oil Well Gas	Well	New Well Workover	Deepen	Plug Back S	ame Res'v Diff Res'v	
Designate Type of Completion Date Spudded	- (X) Date Compl. Ready to Prod.		Total Depth		P.B.T.D.		
	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth		
Elevations (DF, RKB, RT, GR, etc.)	ations (DF, RKB, R1, GR, etc.)					Depth Casing Shoe	
Perforations							
	TUBING, CASING CASING & TUBING SIZE		CEMENTING RECORD DEPTH SET) 		CKS CEMENT	
HOLE SIZE	CASING & TUBING SIZE	<u> </u>			Post ID-3 6-9-89		
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V. TEST DATA AND REQUE OIL WELL (Test must be after	ST FOR ALLOWABLE recovery of total volume of load oil c	and must l	be equal to or exceed top allow	vable for th	is depth or be fo	r full 24 hours.)	
Date First New Oil Run To Tank	Date of Test		Producing Method (Flow, pun	np, gas lift,	etc.)		
Length of Test	Tubing Pressure		Casing Pressure		Choke Size		
Actual Prod. During Test	Oil - Bbls.		Water - Bbis.		Gas- MCF		
GAS WELL					0	ondensate	
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		
VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation			OIL CONSERVATION DIVISION				
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.			Date Approved JUN 2 1989				
Reva Hermdon			By ORIGINAL SIGNED BY				
Signature Neva Herndon, Senior Production Clerk							
Printed Name	15-688-0608		Title				
Date	Telephone No).					

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.

All sections of this form must be filled out for allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
Separate Form C-104 must be filed for each pool in multiply completed wells.



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