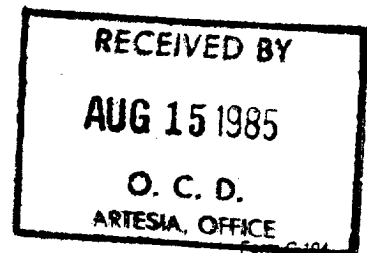


STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT



Revised 10-01-78
Format 06-01-83
Page 1

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.G.S.	<input checked="" type="checkbox"/>
LAND OFFICE	
TRANSPORTER	<input checked="" type="checkbox"/>
OIL	<input checked="" type="checkbox"/>
GAS	<input checked="" type="checkbox"/>
OPERATOR	
PROMOTION OFFICE	<input checked="" type="checkbox"/>

I. Operator Fina Oil and Chemical Company

Address Box 2990, Midland, TX 79702

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain) <u>Change of Company Name effective 7-01-85.</u>
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	
<input checked="" type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	
	<input type="checkbox"/> Dry Gas	
	<input type="checkbox"/> Condensate	

If change of ownership give name and address of previous owner American Petrofina Company of Texas, Box 2990, Midland, TX 79702

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>White Federal</u>	Well No. <u>2</u>	Pool Name, including Formation <u>Mason Delaware, North</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No. <u>71 070869</u>
Location				
Unit Letter <u>N</u> : <u>433</u> Feet From The <u>South</u> Line and <u>2207</u> Feet From The <u>West</u>				
Line of Section <u>26</u> Township <u>26</u> Range <u>31</u> , NMPM, <u>Eddy</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Western Oil Transportation Co., Inc.</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 1183, Houston, TX 77001</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>None</u>	Address (Give address to which approved copy of this form is to be sent) <u>Post ID-3</u> <u>8-23-85</u> <u>Chg Op</u>
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	<u>N</u> <u>26</u> <u>26</u> <u>31</u> <u>No</u>

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

Neva Herndon (Signature)
Production Clerk (Title)
July 1, 1985 (Date)

OIL CONSERVATION DIVISION

APPROVED AUG 21 1985, 19
BY Original Signed By
Les A. Clements
TITLE Supervisor District II

This form is to be filled 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 deviation 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 filled for each pool in multiply completed wells.