## Submit 5 Copies Appropriate District Office DISTRICT I P.O. Box 1980, Hobbs, NM 88240

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

## State of New Mexico RECEIVEDgy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions

CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088 O. C. D.

DEQUEST FOR ALLOWABLE AND AUTHORIZATION

at Bottom of Page Santa re Transporter

ISTRICT III 300 Rio Brazos Rd., Aztec, NM 87410	O. C. D.	FOR ALLOWABI	LE AND A	UTHORIZ	ZATION	Operator	Gas	出。	
TO TRANSPORT OIL AND NATURAL GA					Well A	Weil API No.			
perator	V								
Fina Oil & Chemica	al Company •								
dress  Roy 2000 Midland	Toyas 70	702-2990							
Box 2990, Midland ason(s) for Filing (Check proper box)	· TEXAS	// Ur =1-J JU	Othe	r (Please expla	iin)				
w Well	· -	in Transporter of:							
completion	···	Dry Gas							
nange in Operator	Casinghead Gas	Condensate						<del></del>	
change of operator give name i address of previous operator					-				
DESCRIPTION OF WELL	AND LEASE Well No				Kind o	of LeaseState Federal or Fee	Le	ase No.	
State HL 1	3	Turkey Tr	ack 7R/C	N/GB/SA	State,	rederal of Fee	<u> </u>		
cation						_			
Unit LetterB	_ :660	Feet From The _N			30 Fe	et From The _E	ist	Line	
Section 1 Townshi	ip 19S	Range 29F	, NI	ирм,	Eddy_			County	
. DESIGNATION OF TRAN	SPORTER OF	OIL AND NATU	RAL GAS	e address to w	hich approved	copy of this form	is to be se	nt)	
ame of Authorized Transporter of Oil	□X or Cons	or Condensate							
	Coch Oil Company		P.O.Box 3609, Midland, Texas 79702  Address (Give address to which approved copy of this form is to be sent)					int)	
ame of Authorized Transporter of Casin	nghead Gas X			enbrook,			79760	•	
Phillips Petroleu	m Corporation Unit Sec.	Twp. Rge.	is gas actuall		When		_		
well produces oil or liquids, re location of tanks.	B 11	19S 29E	Yes			10-2	J-85		
his production is commingled with that	from any other lease		ing order num	ber:					
COMPLETION DATA	Oil W	Vell Gas Well	New Well	Workover	Deepen	Plug Back Sa	me Res'v	Diff Res'v	
Designate Type of Completion		u to Prod	Total Depth	<u> </u>	1	P.B.T.D.			
ate Spudded	Date Compl. Read	y to Prod.							
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation		e Formation	Top Oil/Gas Pay			Tubing Depth	Tubing Depth		
						Depth Casing Shoe			
Perforations									
		TUBING, CASING AND		CEMENTING RECORD			SACKS CEMENT		
HOLE SIZE	IZE CASING & TUBING SIZE		DEPTH SET			O J	Past ID-3		
							6-9-89		
						che bī:PĒR			
						7			
. TEST DATA AND REQUE	EST FOR ALLO	WABLE		d top a	lloumble for th	is denth or be for	full 24 ho	urs.)	
		ume of load oil and mus	Producing N	sethod (Flow.)	pump, gas lift,	etc.)	<del></del>		
Date First New Oil Run To Tank	Date of Test				, , ,				
ength of Test	Tubing Pressure	Tubing Pressure		Casing Pressure			Choke Size		
Actual Prod. During Test	Oil - Bbls.	Oil - Bbls.		Water - Bbls.			Gas- MCF		
CACIVELL						_ 1			
GAS WELL Actual Prod. Test - MCF/D	Length of Test	Length of Test		Bbis. Condensate/MMCF			Gravity of Condensate		
United \$ 1000 1 and - 112-01 (7)									
Testing Method (pitot, back pr.)	Tubing Pressure	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)			Choke Size		
VI. OPERATOR CERTIFI	CATE OF CO	MPLIANCE			NSERV	/ΔΤΙΩΝ Γ	INICI	ON	
I hereby certify that the rules and regulations of the Oil Conservation				OIL CONSERVATION DIVISION					
Division have been complied with a is true and complete to the best of m	nd that the information	n given above	Dat	e Approv	redJI	JN 2 191	39		
Tieva He									
Signature	STALL TE		By.		MIKEWI	SIGNED B	<del>Y -</del>		
Signature Neva Herndon, Senior Production Clerk			By ORIGINAL SIGNED BY MIKE WILLIAMS SUPERVISOR, DISTRICT 19						
Printed Name Title 915-688-0608			Title Title						
9]	li .								

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Date

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation 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.

Telephone No.