STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

(Date)

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TRAMIPORTER	OIL		Ī
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PERATOR			
PROBATION OFFICE			

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

Form C-104 Revised 10-01-78 Format 06-01-83 Page 1

Separate Forms C-104 must be filled for each pool in multiply completed wells.

REGUEST FOR				
OPERATOR AND				
AUTHORIZATION TO TRANSP	PORT OIL AND NATURAL GAS			
I.				
Operator				
Fina Oil and Chemical Company				
Acatess				
Box 2990, Midland, TX 79702				
Reason(s) for filing (Check proper bax)	Other (Please explain)			
New Weil Change in Transporter of:				
	Change of Company Name effective 7-01-			
Haccompletion -				
Change in Ownership Casinghead Gas Co	Injection Well			
	ووالمناف المناف			
If change of ownership give name . American Petrofina Compa and address of previous owner American Petrofina Compa	any of Texas, Box 2990, Midland, TX 79702			
and address of previous owner				
II. DESCRIPTION OF WELL AND LEASE				
II. DESCRIPTION OF WELL AND LEASE Name, including Fo	ormation Kind of Lease Lease No.			
9	n Andres State, Federal or Fee Federal 0145685			
Horton Federal 9 Milnesand San	n Andres 1 reacter or soon			
Location	2246 East			
Unit Letter J 2310 Feet From The South Line	e and			
Line of Section 30 Township 8 Range	35 , NMPM, Roosevelt County			
Cité di Seriali				
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL	GAS			
Name of Authorized Transporter of Cit ar Condensate	Andress (Give address to which approved copy of this form is to be sent)			
Name of Authorized dispositor of				
Commence Transporter of Casinonead Gas To or Dry Gas T	Address (Give address to which approved copy of this form is to be sent)			
Name of Authorized Transporter of Castinghead Gas or Dry Gas	Address force agreement and applying the second			
	200			
If well produces oil or liquids, Unit , Sec. Twp. Rgs.	is gas actually connected? When			
give location of lanks.				
	give commingling order number:			
If this production is commingled with that from any other lease or pool,	Stac commission area in amount			
NOTE: Complete Parts IV and V on reverse side if necessary.				
NOIE: Complete latts if and , on feether				
VI. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION			
	AUC 1 C 100F			
I hereby certify that the rules and regulations of the Oil Conservation Division have	APPROVED AUG 1 0 1985, 19			
been complied with and that the information given is true and complete to the best of				
my knowledge and belief.	BY Eddic Vallery			
TITLE OH & Control of the control of				
$ \gamma$ γ	This form is to be filled in compliance with RULE 1104.			
Deva leta don Neva Herndon II this is a request for allowable for a newly drilled				
(Signature)	well, this form must be accompanied by a tabulation of the deviation			
Production Clerk	tests taken on the well in accordance with AULE iti.			
/Title)	All sections of this form must be filled out completely for allow-			
• •	able on new and recompleted wells.			
July 1, 1985	Fill out only Sections I. II. III. and VI for changes of owner.			
(Date)	well name or number, or transporter, or other such change of condition.			