STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

| PR. 80 (00-40 040 | | Ī | | _ |
|-------------------|------|---|--------|---|
| DISTRIBUTION | | : | ī | _ |
| SANTA FE | | | - | _ |
| FILE | | ī | | _ |
| U.S.O.S. | | i | | _ |
| LANG OFFICE | | | 1 | _ |
| TRANSPORTER | OIL. | 1 | T | ٦ |
| | GAS | , | \top | ٦ |
| OPERATOR | | , | 1 | ٦ |
| PROBATION DEFICE | | | ┪ | |

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

Form C-104 Revised 10-01-78 Format 06-31-83 Page 1

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

REQUEST FOR ALLOWABLE

| GPERATOR | 13/0 | | | |
|---|---|--|--|--|
| | AND SPORT OIL AND NATURAL GAS | | | |
| 1. | SFORT OIL AND NATURAL GAS | | | |
| Operator | | | | |
| Fina Oil and Chemical Company | | | | |
| Address | | | | |
| Box 2990, Midland, TX 79702 | <u> </u> | | | |
| Reason(s) for filing (Check proper box) | Otner (Please explain) | | | |
| New Well Change in Transporter of: | Change of Company Name effective 7-01-85 | | | |
| | | | | |
| Change in Ownership Castnighedd Gas | Injection Well | | | |
| If change of ownership give name | | | | |
| and address of previous owner . American Petrofina Comm | pany of Texas, Box 2990, Midland, TX 79702 | | | |
| II DESCRIPTION OF WELL VALUE IS IN THE LEB | | | | |
| II. DESCRIPTION OF WELL AND LEASE Weil No. Pool Name, Including | Formation Kind of Lease | | | |
| 20 | Leds4 No. | | | |
| Horton Federal 1 Milnesand Sa | an Andres Side, Faderal area Federal 0145685 | | | |
| D 330 North | 330 West | | | |
| | ne andFeet From The | | | |
| Line of Section 29 Township 8 Range | 35 , NMPM, Roosevelt County | | | |
| | 33 , NMPM, ROOSEVELE County | | | |
| III. DESIGNATION OF TRANSPORTER OF OIL AND NATURA | L GAS | | | |
| Name of Authorized Transporter of Cil or Condensate | Addions (Give address to which approved copy of this form is to be sent) | | | |
| | | | | |
| Name of Authorized Transporter of Castinghedd Gas or Dry Gas | Address (Give address to which approved copy of this form is to be sent) | | | |
| | | | | |
| If well produces oil or liquids, Unit , Sec. Twp. Rge. | is gas actually connected? When | | | |
| qtve location of tanks. | | | | |
| If this production is commingled with that from any other lesse or pool, | give commingling order number: | | | |
| NOTE: Complete Parts IV and V on reverse side if necessary. | | | | |
| - Complete Taris IT and Ton Teverse state if necessary. | II. | | | |
| CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION | | | | |
| | 0.1.0 | | | |
| 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 | APPROVEDAUG 1 6 1985 | | | |
| my knowledge and belief. | BYSeay | | | |
| | TITLE CALL LAS Inspector | | | |
| · · | TITLE | | | |
| hapla | This form is to be filed in compliance with AULE 1104. | | | |
| Meva Herndon Neva Herndon | If this is a request for allowable for a newly drilled or despected | | | |
| (Signature) | well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE !!!. | | | |
| Production Clerk | All sections of this form must be filled out completely for allow- | | | |
| (Title) July 1, 1985 | able on new and recompleted wells. | | | |
| (Date) | Fill out only Sections I. H. III, and VI for changes of owner, | | | |
| 10 4.5/ | well name or number, or transporter, or other such change of concilion. | | | |