

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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

Form C-104  
Revised 10-01-78  
Format 06-01-83  
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SANTA FE		
FILE		
U.S.O.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator  
**FINA OIL & CHEMICAL COMPANY**

Address  
**Box 2990, Midland, TX 79702-2990**

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Condensate
<input checked="" type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	

Other (Please explain)  
**Effective date August 1, 1988**

If change of ownership give name and address of previous owner **AMOCO PRODUCTION CO., 501 Westlake Park Blvd., Houston, TX 77253**

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Wingard</b>	Well No. <b>5</b>	Pool Name, including Formation <b>Gladiola Devonian</b>	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter <b>A</b> : <b>660</b> Feet From The <b>North</b> Line and <b>330 460</b> Feet From The <b>East</b> Line of Section <b>24</b> Township <b>12</b> Range <b>37</b> , NMPM, <b>Lea</b> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

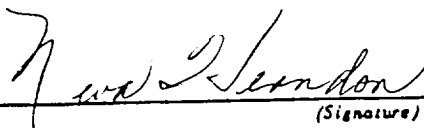
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <b>Amoco Pipeline Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>Attn: Billie R. Korngable, 2087 E. 71st., Tulsa, OK 74136</b>	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>None</b>	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit <b>0</b>	Sec. <b>24</b>
	Twp. <b>12</b>	Rge. <b>37</b>
Is gas actually connected?		When
<b>No</b>		

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.

  
(Signature)  
**Neva Herndon**  
Senior Production Clerk  
(Title)  
**August 17, 1988**  
(Date)

OIL CONSERVATION DIVISION

APPROVED **AUG 19 1988**, 19  
BY **ORIGINAL SIGNED BY JERRY SEXTON**  
**DISTRICT I SUPERVISOR**  
TITLE

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