

## OIL CONSERVATION DIVISION

P. O. BOX 2000  
SANTA FE, NEW MEXICO 87501REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

|                        |             |
|------------------------|-------------|
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| DATE                   |             |
| FILE                   |             |
| U.S.U.                 |             |
| LAND OFFICE            |             |
| TRANSPORTER            | OIL         |
|                        | NATURAL GAS |
| OPERATOR               |             |
| PRODUCTION OFFICE      |             |
| CITY/TOWN              |             |

Fina Oil and Chemical Company

Address  
Box 2990, Midland, Texas 79702-2990

Reason(s) for filing (Check proper box)

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

Other (Please explain)

If change of ownership give name and address of previous owner  
Tenneco Oil Company, 7990 IH 10 West, San Antonio, Texas 78230

## DESCRIPTION OF WELL AND LEASE

|                       |             |                                |                             |               |
|-----------------------|-------------|--------------------------------|-----------------------------|---------------|
| Lease Name            | Well No.    | Pool Name, including Formation | Kind of Lease               | Lease No.     |
| Kemnitz Wolfcamp Unit | 4           | Kemnitz Lower Wolfcamp         | State, Federal or Fee State |               |
| Location              | Unit Letter | I                              | 1980                        | Feet From The |
|                       |             | South                          | Line and                    | 660           |
|                       |             | Feet From The                  | East                        |               |
| Line of Section       | 24          | Township                       | 16S                         | Range         |
|                       |             |                                | 33E                         | NMPM, Lea     |
|                       |             |                                |                             | County        |

## DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|                                                                                                                          |                                                                          |      |      |      |                            |      |
|--------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|------|------|------|----------------------------|------|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>         | Address (Give address to which approved copy of this form is to be sent) |      |      |      |                            |      |
| Shell Pipeline Co.                                                                                                       | Box 1910, Midland, Texas 79702                                           |      |      |      |                            |      |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |      |      |      |                            |      |
| Phillips Petroleum Co. 66 Natl gas                                                                                       | Frank Phillips Bldg., Bartlesville, OK                                   |      |      |      |                            |      |
| If well produces oil or liquids, give location of tanks.                                                                 | Unit                                                                     | Sec. | Twp. | Rge. | Is gas actually connected? | When |
|                                                                                                                          | F                                                                        | 29   | 16   | 34   |                            |      |

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

## COMPLETION DATA

|                                    |                             |                 |                   |          |        |           |             |            |
|------------------------------------|-----------------------------|-----------------|-------------------|----------|--------|-----------|-------------|------------|
| Designate Type of Completion - (X) | Oil Well                    | Gas Well        | New Well          | Workover | Deepen | Plug Back | Same Res'v. | Diff. Res' |
| Date Spudded                       | Date Compl. Ready to Prod.  | Total Depth     | P.B.T.D.          |          |        |           |             |            |
| Elevations (DF, RAD, RT, GR, etc.) | Name of Producing Formation | Top Oil/Gas Pay | Tubing Depth      |          |        |           |             |            |
| Perforations                       |                             |                 | Depth Casing Shoe |          |        |           |             |            |

## TUBING, CASING, AND CEMENTING RECORD

|           |                      |           |              |
|-----------|----------------------|-----------|--------------|
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
|           |                      |           |              |
|           |                      |           |              |
|           |                      |           |              |

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL.  
(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

|                                 |                 |                                               |
|---------------------------------|-----------------|-----------------------------------------------|
| Date First New Oil Run To Tanks | Date of Test    | Producing Method (Flow, pump, gas lift, etc.) |
| Length of Test                  | Tubing Pressure | Casing Pressure                               |
| Actual Prod. During Test        | Oil - Bbls.     | Water - Bbls.                                 |
|                                 |                 | Gas - MCF                                     |

## GAS WELL.

|                                  |                           |                           |                       |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test - MCF/D        | Length of Test            | Bbls. Condensate/MMCF     | Gravity of Condensate |
| Testing Method (pilot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size            |

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

*[Signature]*  
(Signature)  
*[Signature]*  
(Title)  
DATE 2/1/89  
(Date)

## OIL CONSERVATION DIVISION

FEB 01 1989

APPROVED \_\_\_\_\_, 19\_\_\_\_

BY **ORIGINAL SIGNED BY JERRY SEXTON**  
DISTRICT I SUPERVISORTITLE \_\_\_\_\_  
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 device tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for all wells on new and recompleted wells.  
Fill out only Sections I, II, III, and VI for changes of oil well name or number, or transporter, or other such change of condition.  
Separate Forms C-104 must be filed for each pool in multi-completed wells.