Submit 5 Copies
Suppropriate District Office
DISTRICT I
2.0. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410

DISTRICT II

REQUEST FOR ALLOWABLE AND AUTHORIZATION

	TO	TRANSF	ORT OIL A	ND NATU	UVE CV) 	<u> </u>			
ntor						30 02				
FINA OIL & CHEMICAL CO			30 02	5						
rest		2000								
BOX 2990, Midland, TX son(s) for Filing (Check proper box)	19/02-	-2330		Other	Please explai	n)				
w Well	Chr	ange in Trans								
completion	Oil	Dry					_			
ange in Operator	Casinghead G	H X Cond	ensate						.•	
nange of operator give name address of previous operator										
DESCRIPTION OF WELL	AND LEAST	E				Kind of	1 ease	lea	se No.	
ase Name	17	Ell IAO' I TOO	Name, Including	wer Wolfcamp			State Federal or Fee			
Kemnitz Wolfcamp Unit	<u>:</u>	29	Ceilin 1 CZ LC	JWEI NOI	Cump					
cation T		1980 Fee	From The SOU	th Line	and 660) F∞t	From The	<u> </u>	Line	
Unit Letter		171111				Lea		1	County	
Section 26 Township	, 168	Ran	nge 33 E	E NN	PM,	Lea				
		OF OH	AND NATTIR	AL GAS						
. DESIGNATION OF TRAN	XX7 °	r Condensate		Address (Give	oddress 10 w	sich approved o	opy of this for	m is 10 be ser	ц)	
ride Pipeline Company		s		Box 243	<u>6, Abil</u>	ene, TX hich approved o	/9604-	2430	u)	
ame of Authorized Transporter of Casing	ghead Gas	KX or	Dry Gas	Address (Give	address 10 W	Odessa.	TX	<i>m</i> 2 2 20 00 00.		
PM (Phillips 66 Natur	<u>al Gas C</u>	COLP	vp. Rge.	Is gas actually	connected?	When '	<u>_ </u>			
well produces oil or liquids, ve location of tanks.	lom is	29 TW	16 34	γρ.		i	-			
this production is commingled with that	from any other	lease or poo	l, give commingli	ing order numi	ег					
V. COMPLETION DATA	1,0,11 -2,					1 2	Plug Back	Same Res'v	Diff Res'v	
		Oil Well	Gas Well	New Well	Workover	. Deepen	Plug Back	Sallie Vee .		
Designate Type of Completion	- (X)	Deadu to D		Total Depth	<u></u>		P.B.T.D.			
Date Spudded	Date Compi.	. Ready to Pr								
OF DED DE CR AIC)	Name of Pro	ducing Form	ation	Top Oil/Gas Pay			Tubing Depth			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation						Depth Casing Shoe				
Perforations							20,2.	•		
		innic c	ASING AND	CEMENT	NG RECO	RD	<u></u>			
		UBING, C	ING SIZE	CLIVILLY	DEPTH SE	Τ		SACKS CEM	ENT	
HOLE SIZE	CAS	mid a rob								
	3800 000 4	TLOWA	DI G							
V. TEST DATA AND REQUE	EST FOR A	LLOWA	BLE 'Ioad oil and mus	si be equal to c	r exceed top o	illowable for th	is depth or be	for full 24 ho	urs.)	
OIL WELL (Test must be after	r recovery of to	nai volume of	BLE 'load oil and mus	Producing ?	r exceed top a	illowable for th pump, gas lift,	is depth or be	for full 24 ho	urs.)	
V. TEST DATA AND REQUE OIL WELL (Test must be after Date First New Oil Run To Tank	EST FOR A	nai volume of	BLE load oil and mus	7,000,000		allowable for th pump, gas lift,	is depth or be etc.) Choke Size		urs.)	
OIL WELL (Test must be after Date First New Oil Run To Tank	r recovery of to	st	BLE (load oil and mus	Producing P		sllowable for th pump, gas lift,			urs.)	
OIL WELL (Test must be after Date First New Oil Run To Tank Length of Test	Date of Tes	st essure	BLE (load oil and mus	7,000,000	sure	illowable for th pump, gas lift,			ws.)	
OIL WELL (Test must be after Date First New Oil Run To Tank	Date of Tes	st essure	BLE (load oil and mus	Casing Pres	sure	nilowable for th pump, gas lift,	Choke Size		urs.)	
OIL WELL (Test must be after Date First New Oil Run To Tank Length of Test	Date of Tes	st essure	BLE (load oil and mus	Casing Pres	sure	illowable for th pump, gas lift,	Choke Size		urs.)	
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OIL WELL (Test must be after Date First New Oil Run To Tank Length of Test Actual Prod. During Test	Date of Tes	ssure	BLE (load oil and mus	Casing Pres Water - Bb	sure		Choke Size	Condensate	urs.)	
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- INSTRUCTIONS: This form is to be filed in compliance with Rule 1104 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 2) All sections of this form must be filled out for allowable of operator, well name or number, transporter, or other such changes.

 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.