Submit 5 Copies
Appropriate 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

DISTRICT II 2.0. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	REQUEST FOR ALLOWA	BLE AND AUTHORIZAT	TION	
I.	TO TRANSPORT OIL	L AND NATURAL GAS	Well API No.	
Operator	242.242		30 025	
FINA OIL & CHEMICAL CO	JMPANY		30 023	
Box 2990, Midland, TX	7 9 70 2- 2990			
Reason(s) for Filing (Check proper box)	Change in Transporter of:	Other (Please explain)		
New Well	Oil Dry Gas			
Recompletion	Casinghead Gas Condensate			
If change of operator give name				
and address of previous operator	NO LEACE			•
II. DESCRIPTION OF WELL A	Well No. Pool Name, Inclu	ding Formation	Kind of Lease	Lease No.
Kemnitz Wolfcamp Unit		Lower Wolfcamp	State, Federal or	ree
Location		onth limend 1980		he East Line
Unit Letter G	: 1980 Feet From The N	orth Line and 1900	Feet From T	he <u>East</u> Line
Section 29 Township	16S Range 3	4 E , , NMPM, LO	<u>ea</u>	County
III. DESIGNATION OF TRANS	SPORTER OF OIL AND NAT	URAL GAS		•
Name of Authorized Transporter of Oil	or Condensate	Address (Give data es 10 which		
Pride Pipeline Company	- Trucks	Box 2436, Abilen		04-2436
Name of Authorized Transporter of Casing	head Gas XX or Dry Gas	Address (Give address to which		his form is to be sent)
GPM (Phillips 66 Natura	a-l Gas (1004) 1 Unit Sec. Twp. Rg		dessa, TX When?	
If well produces oil or liquids, give location of tanks.	Unit Sec. / Twp. Rg	Yes	-	1.4
If this production is commingled with that f				
IV. COMPLETION DATA			Daniel Buo B	ack Same Res'v Diff Res'v
Designate Type of Completion	Oil Well Gas Well	New Well Workover	Deepen Plug B	ack Same kest Din Rest
Date Spudded	Date Compl. Ready to Prod	Total Depth	P.B.T.I	
Date Spanie				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing	Depth
Perforations			Depth (Casing Shoe
1.0.0.				
	TUBING, CASING AN	D CEMENTING RECORD		SACKS CEMENT
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SAORO OEMERI
V. TEST DATA AND REQUE	ST FOR ALLOWABLE recovery of total volume of load oil and n	nust be equal to or exceed top allow	able for this depth of	or be for full 24 hours.)
OIL WELL (Test must be after to Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pur	p, gas lift, etc.)	
Date I ii & i to w o ii i to b			Choke	Size
Length of Test	Tubing Pressure	Casing Pressure	Ciloxo	, 0140
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- 1	MCF
Weinst kind Dmink rese	J.,			
GAS WELL				
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravi	ty of Condensate
	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Chok	e Size
Testing Method (pitot, back pr.)	I from & Lierente (Sum-m)			
VI. OPERATOR CERTIFIC	CATE OF COMPLIANCE	011 0001	CEDVATIO	אין הואופוטאו
the second for that the roles and rem	OIL CON	OIL CONSERVATION DIVISION		
Division have been complied with and is true and complete to the best of my	D	Date Approved		
is true and complete to the best of my	V)	Date Approved	J	
how Liloun	_ p _v	D. SIRROW OF FEMALES BY PROPERTY		
Signature	Dy	By ORIGINAL SIGNED BY JESSY SECTION OF SECTION		
Neva Herndon, Petro	otechnical Associate Tiue	Title		
March 25, 1992	915 688-0608	_	•	
Date	Telephone No.	11		

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Date

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
 4) Separate Form C-104 must be filed for each pool in multiply completed wells.