Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. 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

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DISTRICT II P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 000 Rio Brazos Rd., Aztec, NM 87410	REQUEST FO								
·	TO TRA	NSPORT OIL	AND NAT	URAL GA	<u>S</u>	N. K. 1.			
Decator					Weil API No.				
FINA OIL & CHEMICAL C	30 025								
Address Box 2990, Midland, TX	79702-299	0							
Reason(s) for Filing (Check proper box)	15102 255	<u> </u>	Othe	t (Please expla	in)				
New Well		Transporter of:							
Recompletion \Box	Oil & A Casinghead Gas	Dry Gas							
Change in Operator	Casinghead Gas (A	Concensate						· ·	
f change of operator give name and address of previous operator									
DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including			g Formation Kind of Lease				T.e.	ase No.	
Lease Name Kemnitz Wolfcamp Unit							ederal or Fee		
Location		Remittee i	OHET HO						
Unit Letter A	_:660	Feet From The Nor	th Lim	and660	⁻ F c	t From The	East	Line	
Section 30 Township	p 16S	Range 34	E , N	мрм,	Lea			County	
TI DESIGNATION OF TRAN	SPORTER OF O	IL AND NATU	RAL GAS						
II. DESIGNATION OF TRANSPORTER OF OIL AND NATULE Name of Authorized Transporter of Oil XX or Condensate			Address (Give address to which approved copy of this form is to be sent)						
Pride Pipeline Company - Trucks			Box 2436, Abilene, TX 79604-2436						
Name of Authorized Transporter of Casing	ghead Gas	or Dry Gas	1	Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook, Odessa, TX					
GPM (Phillips 66 Natur	Onit Sec.	Twp. Rge.		y connected?	When				
If well produces oil or liquids, give location of tanks.	F 29	16 34	Ye		i	_			
f this production is commingled with that									
V. COMPLETION DATA						Diverberial Co	Name Deale	Diff Res'v	
Designate Type of Completion	Oil Wel	1 Gas Well	New Well	Workover	Deepen	Plug Back S	same Kes v	Lui Kes v	
Date Spudded	Date Compl. Ready to	o Prod.	Total Depth	<u>i</u>	J	P.B.T.D.			
Date Special									
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing F	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
						Depth Casing Shoe			
Perforations									
	TUBING	, CASING AND	CEMENT	NG RECOR	D D				
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT			
						 			
V. TEST DATA AND REQUE	ST FOR ALLOW	ABLE	<u></u>						
OIL WELL (Test must be after	recovery of total volume	e of load oil and mus	s be equal to c	r exceed top al	lowable for th	s depth or be fo	or full 24 hos	ers.)	
Date First New Oil Run To Tank	Date of Test		Producing N	dethod (Flow, p	ownp, gas lift,	etc.)			
Length of Test Tubing Pressure			Casing Pressure		Choke Size				
Actual Prod. During Test	Oil - Bbls.		Water - Bbl	Water - Bbls.			Gas- MCF		
Wethat Lior During Lear	J 50.01								
GAS WELL						<u>-</u>		· · · · · · · · · · · · · · · · · · ·	
Actual Prod. Test - MCF/D	Length of Test		Bbis. Condensate/MMCF			Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)		Choke Size				
VI. OPERATOR CERTIFIC	CATE OF COM	IPLIANCE		OIL CO	NSERV	ATION I	DIVISION	NC	
I hereby certify that the rules and reg Division have been complied with an	ulations of the Oil Cons	ervation		J.L. 00		MAR :			
Division have been complied with an is true and complete to the best of my	y knowledge and belief.	ATOM BUSTO	Da	te Approv	ed		, U		
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Signature	atachaical Ac	sociate		Ĭ.	F PARALT I			4	
Meya Herndon, Petro	<u>jcecnnicai As</u>	Title	Ti+I	e					
March 25, 1992	915 6 88-0			·			, 		
Date	T	elephone No.	11						

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 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.