Submit 5 Copies
Appropriate District Office
DISTRICT 1
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, Anesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

000 Rio Brazos Rd., Aztec, NM 8/410			ALLOWAB							
TO TRANSPORT OIL AND					Well API No.					
FINA OIL & CHEMICAL COMPANY					30 025					
Address Roy 2000 Midland TV	7070	2-2990_								
Box 2990, Midland, TX Reason(s) for Filing (Check proper box)	7970	2-2990		Oth	et (Please explai	in)				
New Well	(Change in Tran						•		
Recompletion	Oil	XX Dry								
Change in Operator	Casinghead	Gas 🔀 Cor	idensate					····		
f change of operator give name and address of previous operator						<u> </u>	 		··	
I. DESCRIPTION OF WELL A		SE	J Name Jestudia	a Comption		Vind o	(Lease		ase No.	
Lease Name Kemnitz Wolfcamp Unit	1	I	Name, Includir Kemnitz L	_	lfcamn		ederal or Fee		456 140.	
Location			Neimi L	OWEL MO	1 i Camp	<u> </u>				
<u></u>		1980 E	t From The Wes	t tin	e and 660	For	t From The	North) Line	
Unit Letter				_						
Section 30 Township	<u> 16S</u>	Ra	nge 34	E , N	мрм,	Lea			County	
III. DESIGNATION OF TRANS	SPORTER	OF OIL	AND NATU	RAL GAS				, ,		
Name of Authorized Transporter of Oil	XX	or Condensate		Address (Giv	e address to wh	• •			ત્ર)	
Pride Pipeline Company	- Truc				<u>36, Abile</u>					
Name of Authorized Transporter of Casing			Dry Gas		e address to wh			orm is to be se	n)	
GPM (Phillips 66 Natura		Sec. Tw	p. Rge.		enbrook. y connected?	Udessa. When			·	
If well produces oil or liquids, give location of tanks.		29	16 34	Ye	-		_			
If this production is commingled with that f										
IV. COMPLETION DATA					.,				<u></u>	
Designate Type of Completion -	(X)	Oil Well	Gas Well	New Well	Workover .	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded Date Compl. Ready to Prod.				Total Depth			P.B.T.D.			
Date specials										
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Perforations	l			l		 	Depth Casir	g Shoe		
					CEMENTING RECORD			T		
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
		<u></u>								
							 			
V. TEST DATA AND REQUES	T FOR A	LLOWAB	LE							
OIL WELL (Test must be after re			oad oil and must	be equal to o	r exceed top allo	owable for this	depth or be	for full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Tes	t		Producing M	lethod (Flow, pi	ump, gas lijt, e	ric.)			
Length of Test	Tubing Pres	ssure		Casing Press	sure		Choke Size	•	 	
								·		
Actual Prod. During Test Oil - Bbls.				Water - Bbls.			Gas- MCF			
				<u> </u>			<u> </u>		••	
GAS WELL							· · · ·	All IIII	·:	
Actual Prod. Test - MCF/D	Length of Test			Bbls. Condensate/MMCF			Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pre	ssure (Shut-in)	<u> </u>	Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFIC	ATE OF	COMPI	IANCE	1			<u> </u>			
VI. UPEKATUK CERTIFIC	ations of the	Oil Conservat	ion		OIL CON	USERV	ATION	DIVISIO	NC	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above							MA	R 30		
is true and complete to the best of my knowledge and belief.					e Approve	ed		·		
Donal Blan	Q	···				i signed	and the expension	, s % % % 3 %		
11 and to flow	a famo			11	and the second	CRIMETER	(4.5) [28] [14]	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		

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

Signature Neva Herndon, Petrotechnical Associate

Printed Name

March

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.

Title.

BISTRICT SUPERS

2) All sections of this form must be filled out for allowable on new and recompleted wells.

Title 688-0608

Telephone No.

- 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.