

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

DATE OF FILING	
RECEIVED	
DISTRICT	
SANTA FE	
FILE	
U.S.G.	
LAND OFFICE	
TRANSPORTER	
OIL	
GAS	
OPERATOR	
PRODUCTION OFFICE	
CITY/STATE	

Fina Oil and Chemical Company

Address
Box 2990, Midland, Texas 79702-2990

Reason(s) for filing (Check proper box)

New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐

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 Kennitz Wolfcamp Unit	Well No. 24	Pool Name, Including Formation Kennitz Lower Wolfcamp	Kind of Lease State, Federal or Fee State	Lease No.
Location Unit Letter G : 1980 Feet From The North Line and 1980 Feet From The East Line of Section 30 Township 16S Range 34E NMPM Lea County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

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

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'ty.	Diff. Res'ty.
Date Spudded	Date Compl. ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RAB, RF, CR, 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	Choke Size
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 (prior, back pr.)	Tubing Pressure (Shot-10)	Casing Pressure (Shot-10)	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)
(Title)
(Date)

OIL CONSERVATION DIVISION

FEB 02 1989

APPROVED _____, 19 _____

BY _____
Orig. Signed by
Paul Kaut
Geologist

TITLE _____

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepen well, this form must be accompanied by a tabulation of the deviated 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 own 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.

RECEIVED

JAN 30 1989

**OCD
HOBBS OFFICE**