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

OIL CONSERVATION DIVISION

P.O. Box 2088

MECEIVED.

TRICT II Drawer DD, Artesia, NM 88210	P.O. Box 2088 Santa Fe, New Mexico 87504-2088			MECEIVED			
TRICT III O Rio Brazos Rd., Aztec, NM 87410	REQUEST FOR ALLOWABLE AND AUTHORIZ TO TRANSPORT OIL AND NATURAL GA						
erator				OIL CONSERVATION DIV.			
Fina Oil & Chemica	al Company			_!	SANTA	EE DIV.	
dress		2-2990					
Box 2990, Midland ason(s) for Filing (Check proper box)	10/168		Other (Please explain)				
w Well	Change in Tra		,				
completion		ndensate 🗵	change in Co	nd gut	heren afect le	<u>-1-89</u>	
ange in Operator Lame				<u>U</u>	ιυ 		
address of previous operator	- I FACE						
DESCRIPTION OF WELL A	Well No. Po	ol Name, Including	011111111111111111111111111111111111111		Lease State Lease No. deral or Fee E-1126		
State LG 25	1 k	Cemnitz Ato	ka Morrow South	320,10	L III		
cation		_ No	rth Line and 660	Feet	From The East	Line	
Unit Letter	:1855Fe	et From The _NO	TITE INC. TOWN			G	
Section 25 Township	16S R	ange 33E	, NMPM,	_Lea		County	
	CROPTED OF OIL	AND NATUR	AL GAS				
I. DESIGNATION OF TRAN	or Condensal	e XX	Address (Give address to which	h approved co	opy of this form is to be se	nt)	
			P. O. BOX 3609 Mi	dland.	ony of this form is to be se	ent)	
ame of Authorized Transporter of Casing	Suesa Carri I refre Pul	Gas Corpor	4001 Penbrook, (dessa,	<u>Texas 79762</u>		
FILL 1 1 1 1 2 00 110 4 2 2		wp. Rge.	is gas actually connected?	When?			
well produces oil or liquids, we location of tanks.	i u i 25 l	16S 33E	Yes .				
this production is commingled with that	from any other lease or po	ol, give commingli	ng order number:				
V. COMPLETION DATA	Oil Well	Gas Well	New Well Workover	Deepen	Plug Back Same Res'v	Diff Res'v	
Designate Type of Completion	- (X)	İ	1		P.B.T.D.		
Date Spudded	Date Compl. Ready to I	rod.	Total Depth		F.B.1.D.		
	DF, RKB, RT, GR, etc.) Name of Producing Formation				Tubing Depth		
Elevations (DF, RKB, RT, GR, etc.)					Depth Casing Shoe		
Perforations					Depair casing sins		
	TURING	CASING AND	CEMENTING RECOR	D			
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT	
HOLE SIZE							
V. TEST DATA AND REQUE	ST FOR ALLOWA	BLE		ouable for thi	s depth or be for full 24 hi	ours.)	
OIL WELL (Test must be after	recovery of total volume i	of load oil and mus	Producing Method (Flow, pa	ump, gas lift, e	etc.)		
Date First New Oil Run To Tank	Date of Test						
Length of Test	Tubing Pressure	Tubing Pressure		Casing Pressure		Choke Size	
			Water - Bbls.		Gas- MCF		
Actual Prod. During Test	Oil - Bbls.						
GAS WELL Actual Prod. Test - MCF/D	Length of Test		Bbls. Condensate/MMCF		Gravity of Condensate		
	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)		Choke Size		
Testing Method (pitot, back pr.)							
THE OPERATION OF THE	CATE OF COM	PLIANCE	0" 00	NCEDV	ATION DIVIS	ION	
VI. OPERATOR CERTIF	outlations of the Oil Conse	rvation	OIL CO	ころによく		1000	
minision have been complied with a	nd that the information given	en above	M 4	od	JUN 1 5	१५४५	
is true and complete to the best of n	ny knowledge and belief.		Date Approv	eu	SIGNED BY JERRY S	EXTON	
wat been	don		Ву	RIGINAL	FRICT I SUPERVISOR		
Signature	Senior Prod	uction Cla	11	حالا			
Neva Herndon Printed Name	Senior Prod	Title	Title			· · · · · · · · · · · · · · · · · · ·	
	915-688-060	8					
6-5-89 Date	915-688-060 Te	g lephone No.					

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.
- 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.