#### STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

DISTRIBUTI	0 H		
BANTA FE			
FILE			
U.S.D.S.			
LAND OFFICE			
TRANSPORTER	OIL		
OPERATOR			
PROBATION OF	PROBATION OFFICE		

## OIL CONSERVATION DIVISION P. O. BOX 2088 SANTA FE, NEW MEXICO 87501

Form C-104 Revised 10-01-78 Format 06-01-83 Page 1

## REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator		
FINA OIL & CHEMICAL COMP	PANY	·
Address		
Box 2990, Midland, TX	79702	
Reason(s) for filing (Check proper box)		Other (Please explain) from Eileth Buller +
New Well Recompletion	Change in Transporter of:	Other (Please explain) from Edith Butter A Change lease name to Edith Butler -
Recompletion		ownership now same as well Nos. 2 & 3.
Change in Ownership	Casinghead Gas Condensate	

#### If change of ownership give name and address of previous owner .....

II. DESCRIPTION	OF WELL	AND LE.	ASE						
Lease Name			Well No.	Pool Name, Includi	ng Formatic	man al alast	Kind of Lease		Lease No.
Edith Butler			5	Drinkard	<u>_K-854</u>	Rand Other	State, Foderal or F	Fee Fee	]
Location					,				
Unit Letter	F;	1980	Feet From	TheNorth	_Line and _	1980	_ Feet From The _	West	······································
Line of Section	18	Township	22	Range	38	, NMPM,	Lea		County

### III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oll VY or Condensate			Address (Give address to which a	approved copy of this form is to be sent)		
				88240		
Name of Authorized Transporter of C	asinghead	Gos XX	or Dry C	Sos 🗌	Address (Give address to which a	pproved copy of this form is to be sent?
Warren Petroleum Comp	any				Box 1589, Tulsa, OK	74102
If well produces oil or liquids,	Unit	Sec.	Twp.	Rge.	is gas actually connected?	When
give location of tanks.	F	18	22	; 38	Yes	1 

If this production is commingled with that from any other lease or pool, give commingling order number:

NOTE: Complete Parts IV and V on reverse side if necessary.

### VI. 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 is true and complete to the best of my knowledge and belief.

neval	Dendon	Neva Herndon
	(Signature)	
Productio	on Clerk	
	(Title)	
	1987	
e 11 - 11	(Date)	

(		SION	
APPROVED	 6 1987		
OR:	D BY JERRY SEX	MON	

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

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

Fill out only Sections I. II. III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

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# IV. COMPLETION DATA

Designate Type of Completion	on - (X)		Gas Well I	'New Well I	Workover I	Despen I	Plug Back	Same Res'v.	Dill. Restv.
Date Spudded	Date Compl	. Ready to F	<sup>o</sup> rod.	Total Dept		. I	P.B.T.D.		·
Elevations (DF, RKB, RT, GR, etc.)	Name of Pri	oducing Form	mation	Top Oil/Go	is Pay	· · · · · · · · · · · · · · · · · · ·	Tubing Dep	th	
Perforations			·····				Depth Casia	ng Shoe	·····
		TUBING,	CASING, AN	D CEMENTI	NG RECOR				
HOLE SIZE	CASI	NG & TUBI			DEPTH SE		SA	CKS CEMEN	.т
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# V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow-OIL WELL able for this depth or be for full 24 hours)

Date First New Cil 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 - Bbis.	Gas - MCF
: * <u></u>			

#### GAS WELL

Actual Prod. Test-MCF/D	Langth of Test	Bbls. Condensate/MMCF	Gravity of Condensate	]
Tealing Method (pitol, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Bize	

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