Submit 5 Copies
Appropriate District Office:
DISTRICT I
P.O. Box 1980, Hobbs, NM 38240

DISTRICT II
P.O. Drawer DD, Artesia, NM 38210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 37410

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
Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator	Well API No.
FINA OIL & CHEMICAL COMPANY	

Address
Box 2990, Midland, TX   79702-2990

Reason(s) for Filing (Check proper box)

				Other (Please explain)
New Well	☐	Change in Transporter of:		
Recompletion	☐	Oil ☐ Dry Gas ☐		Effective 2-01-89
Change in Operator	☒	Casinghead Gas ☐ Condensate ☐		

If change of operator give name and address of previous operator   Tenneco Oil Company, 7900 IH 10 West, San Antonio, TX   78239

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease State, Federal or Fee	Lease No.
Ginsberg Federal	9	Justis Fusselman	State, Federal or Fee	NM000569

Location

Unit Letter __D__ : __330__ Feet From The __North__ Line and __330__ Feet From The __West__ Line

Section __31__ Township __25S__ Range __38E__ NMPM. __Lea__ County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)
Texas-New Mexico Pipeline Company	P. O. Box 2528, Hobbs, NM 88241-2528
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Company	Box 1492, El Paso, Texas 79978

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When ?
	D	31	25	38	Yes	Unknown AHC 513

If this production is commingled with that from any other lease or pool, give commingling order number: Unknown   AHC 513

IV. COMPLETION DATA

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.

Elevations (DF, RKB, RT, GR, 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

V. 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 Tank	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 (puot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR 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

Neva Herndon, Senior Production Clerk
Printed Name   Title

January 17, 1989   915 688-0608
Date   Telephone No.

OIL CONSERVATION DIVISION

Date Approved ___ **FEB 0 2 1989**

By ___ Orig. Signed by
Paul Kautz
Geologist

Title ___

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.