Cubmit 5 Comes Appropriate District Office <u>DISTRICT I</u> P.O. Box 1980, Hobbs, NM 38240

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104
Revised 1-1-39
See Instructions
at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

100) Rio Brizos Rd., Aztec, NM 37410

P.O. Drawer DD, Artesia, NM 38210

REQUEST FOR ALLOWABLE AND AUTHORIZATION

| l . | TO TRANS | SPORT OIL | LAND NA | TURAL GA | 4S | | | | |
|--|---|---|----------------|-------------------------------|-----------------------|----------------|-----------------|------------|--|
| Oremor FINA OIL 3 CHEMICA | L COMPANY | | | | Weil . | API No. | | | |
| Address Box 2990, Midland, | TX 79702-2990 | | | -·· | | | | | |
| Reason(s) for Filing (Check proper bo. New Weil Recompletion Change in Operator | Change in Tra Oil Dr Casingnead Gas Co | y Gas 🔲 🛚 | _ | er (Please explo | | | | | |
| | enneco Oil Compar | | | | | , TX 7 | 8230 | | |
| II. DESCRIPTION OF WELL LEASE Name | Weil No. Po | oi Name, Inciudi | | | Kind | of Lease | , L | case No. | |
| Ginsberg Foderal Location Unit Letter | | et From The | | | | Federal or:Fm | | Line | |
| Section 3 Town | isnip 25 Ra | nge <u>-27</u> 3 | , N | ирм, ј. | 20 | | | County | |
| III. DESIGNATION OF TR. Name of Authorized Transporter of Or Texas-New Mexico P | l X or Condensate ipeline Company | | Address (Giv | е address to wn Вож - 2523 | . Hobbs | <u>, nn</u> 8 | 8241-25: | 28 | |
| Name of Authonzed Transporter of Ca El Paso Natural Ga If well produces oil or liquids, give location of tanks. | s Company Umu Sec. Tw | Address (Give address to which approved copy of this form is to be sent) P. O. Box 1492, El Paso, TX 79978 Is gas actually connected? When? | | | | | ent) | | |
| f this production is communicated with to V. COMPLETION DATA | hat from any other lease or poo | 25 38 I, give commungi | ing order num | ser. <u>Unkt</u> | nown | | | | |
| Designate Type of Completi | Oil Well | Gas Well | New Well | Workover | - Deepen | Plug Back | Same Res'v | Diff Res'v | |
| Date Spudded | Date Compl. Ready to Pro | Date Compl. Ready to Prod. | | Total Depth | | | P.B.T.D. | | |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Forma | Top Oib Gas Pay | | | Tubing Depth | | | | |
| Perforations | | | | | | Depth Casin | ig Shoe | | |
| | TUBING, CA | ASING AND | CEMENTI | NG RECOR | D | ! | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | | : | SACKS CEMENT | | |
| | | | | | | | | | |
| | | | 1 | | | | | | |
| V. TEST DATA AND REQU OIL WELL (Test must be aft | JEST FOR ALLOWAB er recovery of total volume of la | | be equal to or | exceed top allo | owable for thi | is depth or be | for full 24 hou | rs.) | |
| Date First New Oil Run To Tank | Date of Test | | Producing M | ethod (Flow, pu | ump, gas lift, i | etc.) | | | |
| Length of Test | Tubing Pressure | Tubing Pressure | | Casing Pressure | | | Choke Size | | |
| Actual Prod. During Test | Oil - Bbls. | Water - Bbis. | | | Gas- MCF | | | | |
| GAS WELL | | | | | | | | | |
| Actual Prod. Test - MCF/D | Length of Test | Bbls. Condensate MMCF | | | Gravity of Condensate | | | | |
| Festing Method (puot, back pr.) | Tuoing Pressure (Shut-in) | Casing Pressure (Shut-in) | | | Choke Size | | | | |
| VI. OPERATOR CERTIF I hereby certify that the rules and re | egulations of the Oil Conservati | on | (| DIL CON | ISERV | | | | |
| Division have been complied with is true and complete to the best of | | above | Date | Approve | d | FE | B 0 2 1 | 989 | |
| | 1 , 1 × 8 | | By_ | | | Orig. Sig | gned by | | |
| Signature Neva Herndon, Se Printed Name | Ti | Clerk de | Title | | | Geole | | | |
| January 17, 1989 | 915 688-0608 | ne 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 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.