

OIL CONSERVATION DIVISION
P.O. BOX 2008
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NAME OF WELL	
DESCRIPTION	
SANTA FE	
FILE	
U.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATION	
PRODUCTION OFFICE	
Operator	

Fina Oil and Chemical Company

Address
Box 2990, Midland, Texas 79702-2990

Reason(s) for filing (check proper box)	Other (Please explain)
New Well ☐	Change in Transporter of:
Recompletion ☐	Oil ☐ Dry Gas ☐
Change in Ownership ☒	Coatinghead Gas ☐ Condensate ☐

If change of ownership give name and address of previous owner
Tenneco Oil Company, 7900 IH 10 West, San Antonio, Texas 78250

DESCRIPTION OF WELL AND LEASE	
Lease Name Ginsberg Federal	Well No. 13
Location Unit Letter F	Pool Name, Including Formation J. L. Langlie Mattix 7 Rivers Queen Trby
	Kind of Lease State, Federal or Fed. Federal
	Lease No.
Line of Section 31	Township 35S
	Range 30E
	Lead
	County

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 Co.	Box 4110, Midland, Texas
Name of Authorized Transporter of Coatinghead Gas ☒ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Co.	Box 1492, El Paso, Texas
If well produces oil or fluids, give location of tanks.	Unit P
	Sec. 31
	Twp. 35S
	Rge. 30E

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 ☐ Deepen ☐ Plug back ☐ Same test ☐ Unit test ☐
Date Spudded	Date Completed ready to produce
Elevations (D.E., R.A.L., R.T., G.R., etc.)	Name of Producing Formation
Perforations	Top Oil Gas Pay
	Testing Depth
	Begin Casing Shoe

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL			
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-Dbls.	Water-Dbls.	Gas-MCF

GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Dbls. Condensate/MCF	Gravity of Condensate
Testing Method (Flow, back prod.)	Tubing Pressure (Shot-in)	Casing Pressure (Shot-in)	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)	
Signed Hereby, Secretary, Production Office	
(Date)	
January 12, 1989	

OIL CONSERVATION DIVISION FEB 02 1989	
APPROVED _____	
BY _____	
TITLE _____	
Orig. Signed by Paul Kautz Geologist	
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 calculation 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 owner, well name or number, or transportation or other such change of condition.	
For each pool in multi-	