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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 Fina Oil & Chemical Company	Well API No. 30-025-31514
Address P.O. Box 2990 , Midland, TX 79702-2990	
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> <input type="checkbox"/> Change in Transporter of: Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
<input checked="" type="checkbox"/> Other (Please explain) <i>Test allow July 1992</i> Well not commercial. Need to move and sell oil recovered while completing and testing. <i>27 bbls</i>	

If change of operator give name and address of previous operator _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name White Fang	Well No. 1	Pool Name, Including Formation Justis Ellenburger	Kind of Lease State Lease <i>Lease</i>	Lease No.
Location Unit Letter <u>M</u> : <u>456</u> Feet From The <u>South</u> Line and <u>950</u> Feet From The <u>West</u> Line Section <u>30</u> Township <u>25S</u> Range <u>38E</u> , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Pride Pipeline Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2436, Abilene, TX 79604					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When ?
					No	

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 01-29-92	Date Compl. Ready to Prod. 03-11-92	Total Depth 8925'	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.) 3066' RKB 3052' GR	Name of Producing Formation Ellenburger	Top Oil/Gas Pay 8458'	Tubing Depth 8325'					
Perforations Open Hole 8336'-8925' (6 1/8" Diameter)			Depth Casing Shoe 8336'					
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17 1/2"	13 3/8" 48 #	550'	470 sx(circ to surf)					
12 1/2"	9 5/8" 32.3# & 36#	3400'	1400 sx(circ to surf)					
8 3/4"	7" 23 # & 26#	2970'-8336'	1225 sx(circ to TOL)					
	2 7/8" 6.5#	8325'						

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 03-11-92	Date of Test	Producing Method (Flow, pump, gas lift, etc.) Swab	
Length of Test 22 days	Tubing Pressure N/A	Casing Pressure N/A	Choke Size N/A
Actual Prod. During Test	Oil - Bbls. 27	Water - Bbls. 410	Gas-MCF N/A

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, 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.

Neva Herndon
Signature
Neva Herndon Petrotechnical Associate
Printed Name Title
June 25, 1992 (915) 688-0608
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved JUL 02 '92

By _____

Title ASST. SUPERVISOR

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.