

Submit 5 Copies  
Appropriate District Office  
DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

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

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

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 type="checkbox"/> Recompletion <input checked="" type="checkbox"/> Change in Operator <input type="checkbox"/>		Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator		<input checked="" type="checkbox"/> Other (Please explain) <i>Test allowable only 1992</i> Well not commercial. Need to move and sell oil recovered while completing and testing. <i>See table</i>

II. DESCRIPTION OF WELL AND LEASE

Lease Name White Fang	Well No. 1	Pool Name, Including Formation Justis McKee, Waddell, Connell	Kind of Lease State, Federal or Foreign	Lease No.
Location Unit Letter M : 456 Feet From The South Line and 950 Feet From The West Line Section 30 Township 25S Range 38E, 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	Workover	Deepen	Plug Back <input checked="" type="checkbox"/>	Same Res'v	Diff Res'v <input checked="" type="checkbox"/>
Date Spudded 04-07-92	Date Compl. Ready to Prod. 04-07-92	Total Depth 8925'		P.B.T.D. 8260'				
Elevations (DF, RKB, RT, GR, etc.) 3066' RKB 3052' GR	Name of Producing Formation McKee, Waddell, Connell		Top Oil/Gas Pay 7932'		Tubing Depth 8194'			
Perforations 7932-52', 7970-84', 7997-8003', 8006-24', 8032-48', 8100-10', 8193-8210'					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#		8194'					

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 04-08-92	Date of Test	Producing Method (Flow, pump, gas lift, etc.) Swab & pump	
Length of Test 42 days	Tubing Pressure N/A	Casing Pressure N/A	Choke Size N/A
Actual Prod. During Test	Oil - Bbls. 86	Water - Bbls. 137	Gas- MCF N/A

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.

*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 JOHN J. JERRY  
Title DEPUTY 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.