

OIL CONSERVATION DIVISION
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REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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: Oil ☐ Dry Gas ☐
Recompletion ☐	Casinghead Gas ☐ Condensate ☐
Change in Ownership ☒	

If change of ownership give name and address of previous owner
Tenneco Oil Company, 7990 IH 10 West, San Antonio, TX 78230

DESCRIPTION OF WELL AND LEASE

Lease Name Monsanto State	Well No. 8	Pool Name, including Formation Paduca Delaware	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter <u>L</u> : <u>990</u> Feet From The <u>West</u> Line and <u>1660</u> Feet From The <u>South</u> Line of Section <u>16</u> Township <u>25S</u> Range <u>32E</u> NMPM, <u>Lea</u> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Texas - New Mexico Pipeline Co.	Address (Give address to which approved copy of this form is to be sent) Box 52332 Houston, Texas 77052
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐ Continental Pipeline Co. Conoco Inc.	Address (Give address to which approved copy of this form is to be sent) Box 460, Hobbs, N.M. 88241
If well produces oil or liquids, give location of tanks. Unit <u>L</u> Sec. <u>16</u> Twp. <u>25</u> Rge. <u>32</u>	Is gas actually connected? <u>Yes</u> When <u>8/3/87</u>

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 ☐ New Well ☐ Workover ☐ Deepen ☐ Plug Back ☐ Same Heavily ☐ Diff. Res. ☐		
Date Spudded	Date Compl. ready to Prod.	Total Depth	F.B.T.D.
Elevations (DF, RAB, 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

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 Flow 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-Bbls.	Water-Bbls.	Gas-MCF

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

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)
(Title)
(Date)

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 tabulation of the deviated tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filed for each pool in multi-completed wells.

1944