## NO. OF COPIES RECEIVED DISTRIBUTION NEW MEXICO OIL CONSERVATION COMMISSION SANTA FE REQUEST FOR ALLOWABLE Supersedes Old C-104 and C-110 Effective 1-1-65 FILE AND U.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS LAND OFFICE REGEIVED OIL Sale for Rig Fuel [ RANSPORTER GAS OPERATOR MAY 2 4 1971 PRORATION OFFICE Operator David Fasken C.C.C. Address ARTESIA, OFFICE 608 First Natl. Bank Bldg., Midland, Texas 79701 Reason(s) for filing (Check proper box) Other (Please explain) X Change in Transporter of: Oil Dry Gas Change in Ownership Casinghead Gas Condensate If change of ownership give name and address of previous owner \_\_\_ II. DESCRIPTION OF WELL AND LEASE l.ease No. Pool Name, Including Formation Arco-Federal "10" Boyd (Morrow) Sas State, Federal or Fee Location 1980 East Unit Letter 1980 Line and 10 Line of Section Township 19 South Range 25 East , NMPM, I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil Address (Give address to which approved copy of this form is to be sent) or Condensate Name of Authorized Transporter of Casinghead Gas or Dry Gas 🗶 Address (Give address to which approved copy of this form is to be sent) Warlow Box 3747 Odessa Leyas Sec If well produces oil or liquids, give location of tanks. Rge. Twp. Is gas actually connected? Temporary line to rig. If this production is commingled with that from any other lease or pool, give commingling order number: 7. COMPLETION DATA Oil Well Gas Well New Well Workover Designate Type of Completion - (X) X Date Spudded **9-23-70** Date Compl. Ready to Prod. Total Depth P.B.T.D.

5-17-71 Plug Back | Same Res'v. Diff. Res'v. 3-26-71 9292 9238 Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Cil/Gas Pay Tubing Depth 3501 Morrow 8928 9024 Depth Casing Shoe 9024 - 91519292 TUBING, CASING, AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT 28<sup>#</sup> 20" 52.73#/ft. 301 6 yards Ready-Mix 17-1/2" 13-3/8" 48.00#/ft. 500 <u>4501</u> 12-1/4" 8-5/8" 24.00#/ft. 12281 600 7**-**7/8" 10.5 & 11.6#/ft.

7-7/8" 4-1/2" 10
TEST DATA AND REQUEST FOR ALLOWABLE 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) 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-Bbls.	Water - Bbls.	Gas-MCF

**GAS WELL** Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate 1773 4 hrs. **TSTM** Tubing Pressure Testing Method (pitot, back pr.) Casing Pressure Choke Size Back Pressure 17/64"

completed wells.

## ERTIFICATE OF COMPLIANCE

reby certify that the rules and regulations of the Oil Conservation mission have been complied with and that the information given e is true and complete to the best of my knowledge and belief.

/ me book of my knowledge and belief.
/ /
(Signature)
agent
(Title)
5-21.71
(Date)

OIL CONSERVATION COMMISSION

Federal

County

South

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MAY 2 APPROVED GIL ARD SAS LESPECTOR TITLE \_

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 deviation 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 multiply