

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

SEP 2 1971

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

Operator <b>David Fasken</b>		ARTESIAN OFFICE	
Address <b>608 First National Bank Bldg., Midland, Texas 79701</b>			
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	<b>NOTE: A Form C-104 was filed 5/21/71 to cover sale of rig fuel to Warton Drilling Company temporarily.</b>	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>		
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		

If change of ownership give name and address of previous owner \_\_\_\_\_

Lease Name <b>Arco "10" Federal</b>	Lease No.	Well No. <b>1</b>	Pool Name, Including Formation <b>Boyd (Morrow) Gas</b>	Kind of Lease State, Federal or Fee <b>Federal</b>
Location				
Unit Letter <b>J</b>	<b>1980</b>	Feet From The <b>East</b>	Line and <b>1980</b>	Feet From The <b>South</b>
Line of Section <b>10</b>	Township <b>19 South</b>	Range <b>25 East</b>	, NMPM, <b>Eddy</b> County	

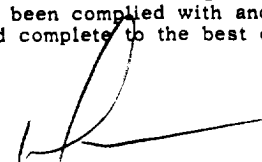
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)		
<b>The Permian Corporation</b>		<b>Box 1183 - Houston, Texas</b>		
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)		
<b>Transwestern Pipeline Company</b>		<b>Box 2521 - Houston, Texas 77001</b>		
If well produces oil or liquids, give location of tanks.	Unit <b>J</b>	Sec. <b>10</b>	Twp. <b>19-S</b>	Rge. <b>25-E</b>
		Is gas actually connected?		When <b>9-13-71</b>
		<b>No Yes</b>		<b>Expect 1st delivery about 9/9/71</b>

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

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen.	Plug Back	Same Res'v.	Diff. Res'v.
			<b>X</b>	<b>X</b>					
Date Spudded <b>9/23/70</b>	Date Compl. Ready to Prod. <b>3/26/71</b>	Total Depth <b>9292</b>		P.B.T.D. <b>9238</b>					
Elevations (DF, RKB, RT, GR, etc.) <b>3501</b>	Name of Producing Formation <b>Morrow</b>	Top Oil/Gas Pay <b>9024</b>		Tubing Depth <b>8928</b>					
Perforations <b>9024-9151</b>				Depth Casing Shoe <b>9292</b>					
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
<b>28"</b>	<b>20"</b>		<b>30'</b>		<b>6 yards Ready-Mix</b>				
<b>17 1/2"</b>	<b>13 3/8"</b>		<b>450'</b>		<b>500</b>				
<b>12 1/4"</b>	<b>8 5/8"</b>		<b>1228'</b>		<b>600</b>				
<b>7 7/8"</b>	<b>4 1/2"</b>		<b>9292'</b>		<b>500</b>				

V. 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 - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL			
Actual Prod. Test-MCF/D <b>1773</b>	Length of Test <b>4 hours</b>	Bbls. Condensate/MMCF <b>TSTM</b>	Gravity of Condensate
Testing Method (pitot, back pr.) <b>Back pressure</b>	Tubing Pressure <b>1887</b>	Casing Pressure	Choke Size <b>17/64"</b>

VI. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		APPROVED <b>SEP 23 1971</b> , 19 _____	
		BY <b>W. A. Grissett</b>	
<b>S. L. Parks</b> Agent		TITLE <b>OIL AND GAS INSPECTOR</b>	
<b>9/1/71</b> (Date)		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 completed wells.	