

COPIES RECEIVED		4
DISTRIBUTION		
INTAKE		1
FILE		1
J.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	1
	GAS	1
OPERATOR		2
PRORATION OFFICE		

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

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

MAY 1 1973

Operator David Fasken		O.C.C. ARTESIA, OFFICE	
Address 608 First Natl. Bank Bldg., Midland, Texas 79701			
Reason(s) for filing (Check proper box)		Effective 5-1-73 Change in Transporter of:	
New Well	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Recompletion	<input type="checkbox"/>	Dry Gas	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Condensate	<input checked="" type="checkbox"/>
Other (Please explain)			
If change of ownership give name and address of previous owner			

I. DESCRIPTION OF WELL AND LEASE

Lease Name Johnston "9" Federal	Lease No.	Well No. 1	Pool Name, Including Formation Boyd (Morrow)	Kind of Lease State, Federal or Fee Federal
Location Unit Letter K; 1980 Feet From The South Line and 1980 Feet From The West Line of Section 9 Township 19-S Range 25-E, NMPM, Eddy County				

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Navajo Crude Oil Purchasing Co.	Address (Give address to which approved copy of this form is to be sent) Drawer 175 Artesia, New Mexico 88210					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Transwestern Pipeline Co.	Address (Give address to which approved copy of this form is to be sent) Box 2521, Houston, Texas 77001					
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 9	Twp. 19S	Rge. 25E	Is gas actually connected? Yes	When 9-22-72

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

III. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth			P.B.T.D.				
Elevations (DF, RKB, 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

IV. 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)

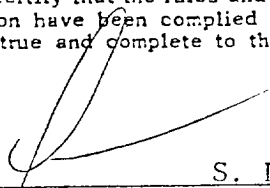
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF


GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

V. CERTIFICATE OF COMPLIANCE

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.

  
S. L. Parks  
(Signature)  
Agent  
(Title)  
April 27, 1973  
(Date)

OIL CONSERVATION COMMISSION  
MAY 2 1973  
APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY   
TITLE **OIL AND GAS INSPECTOR**  
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