

DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRODUCTION OFFICE			

NEW MEXICO OIL CONSERVATION COM. ION
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

RECEIVED

MAR 11 1976

Operator David Fasken		O. C. C. ARTESIA, OFFICE	
Address 608 First National Bank Building, Midland, Texas 79701			
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:	By N.M.O.C.C. Order No. R-5162 this well	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	changed from Indian Basin (Morrow) Gas	
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Pool to Cemetery (Morrow) Gas Pool	
	Dry Gas <input type="checkbox"/>	Effective 3-1-76	
	Condensate <input type="checkbox"/>		
If change of ownership give name and address of previous owner			

II. DESCRIPTION OF WELL AND LEASE

Lease Name State "32" Comm.	Well No. 1	Pool Name, Including Formation Cemetery Morrow Gas Pool	Kind of Lease State, Federal or Fee State	Lease No. L-4757
Location Unit Letter D ; 1000 Feet From The North Line and 1000 Feet From The West				
Line of Section 32 Township 20-South Range 25-East , NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

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)			
Navajo Crude Oil Purchasing Co,	Box 175 Artesia, N. M. 88210			
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)			
Natural Gas Pipe Line Co. of America	Box 283 Houston, Texas 77002			
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 32	Twp. 20-S	Rge. 25-E
			Is gas actually connected? Yes	When 8-14-74

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X	X					
Date Spudded 12-22-73	Date Compl. Ready to Prod. 3-15-74	Total Depth 9700'	P.B.T.D. 9662'					
Elevations (DF, RKB, RT, GR, etc.) 3622' GR	Name of Producing Formation Morrow	Top Oil/Gas Pay 9321'	Tubing Depth 9079'					
Perforations 9321' - 9558'	Depth Casing Shoe							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET			SACKS CEMENT			
17-1/2"	13-3/8" 61#	209'	200 sxs Lite, 100 sxs "C" circulated					
12-1/4"	8-5/8" 24# & 32#	3242'	1000 sxs Lite, 25 sxs "C", 4 yds Ready-Mix					
8-5/8"	4-1/2" 11.60#	9696'	700 sxs Class "C"					
	2-7/8"	9079'	Packer at 9079'					

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)

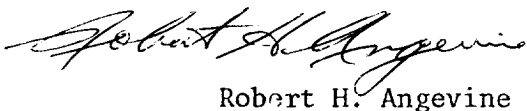
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D C.A.O.F.P. 22,300	Length of Test 2 Hours	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 2970	Casing Pressure (Shut-in)	Choke Size

VI. 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.


Robert H. Angevine

(Signature)

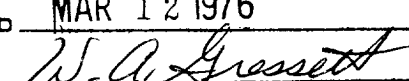
Agent

(Title)

March 10, 1976

(Date)

OIL CONSERVATION COMMISSION

APPROVED MAR 12 1976, 19
BY 
SUPERVISOR, DISTRICT II
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 multiple