

DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.G.S.	<input type="checkbox"/>
LAND OFFICE	<input type="checkbox"/>
TRANSPORTER	OIL <input checked="" type="checkbox"/>
	GAS <input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
PRORATION OFFICE	<input type="checkbox"/>

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

RECEIVED BY
MAY 26 1986
O. C. D.
ARTESIA OFFICE

I. Operator
 Barbara Fasken ✓

Address
 303 West Wall Avenue, Suite 1901 Midland, TX 79701-5116

Reason(s) for filing (Check proper box)

New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>
Change in Ownership <input checked="" type="checkbox"/>	Dry Gas <input checked="" type="checkbox"/>
	Casinghead Gas <input type="checkbox"/>
	Condensate <input type="checkbox"/>

Other (Please explain)

If change of ownership give name and address of previous owner: David Fasken, 608 First National Bank Building, Midland, Texas 79701

II. DESCRIPTION OF WELL AND LEASE

Lease Name Shell Federal Comm	Well No. 1	Pool Name, including Formation Cemetery Morrow	Kind of Lease State, Federal or Fee Federal	Lease No. NMO486483
Location Unit Letter <u>S</u> ; 1980 Feet From The <u>South</u> Line and 1980 Feet From The <u>West</u>				
Line of Section <u>5</u> Township <u>21-S</u> Range <u>24-E</u> , NMPM, <u>Eddy</u> 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 NM 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)
Barbara Fasken	303 W Wall, Suite 1901, Midland, TX 79701-5116
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <u>S</u> Sec. <u>5</u> Twp. <u>21-S</u> Rge. <u>24-E</u>	Yes May 1968

If this production is commingled with that from any other lease or pool, give commingling order number: R-3395

IV. 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
			Post FD-3 F-1-26 Chg op

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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	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.

Charles E Mobley
 Charles E. Mobley (Signature)
 Agent (Title)
 5-20-86 (Date)

OIL CONSERVATION COMMISSION
JUL 28 1986

APPROVED _____, 19____

BY Les A. Clements
 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

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