

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

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

I. Operator  
Barbara Fasken  
Address  
303 West Wall Avenue, Suite 1901 Midland, TX 79701-5116  
Reason(s) for filing (Check proper box)  
New Well ☐ Change In Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change In Ownership ☒ Casinghead Gas ☐ Condensate ☐  
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 Felmont Collier Well No. 1 Pool Name, including Formation N. Bagley (Lower Penn., ext) Kind of Lease Fee Lease No. 32636  
Location  
Unit Letter H 510 Feet From The East Line and 1980 Feet From The North  
Line of Section 9 Township 11S Range 33E NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  
Name of Authorized Transporter of Oil XXXX or Condensate ☐ Amoco Pipeline Company Address (Give address to which approved copy of this form is to be sent) P.O. Box 249, Andrews, TX 79714  
Name of Authorized Transporter of Casinghead Gas XXX or Dry Gas ☐ Warren Petroleum Corporation Address (Give address to which approved copy of this form is to be sent) P.O. Box 1589, Tulsa, OK 74102  
If well produces oil or liquids, give location of tanks. Unit H Sec. 9 Twp. 11S Rge. 33E Is gas actually connected? Yes When 11-12-65

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.  
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

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

APPROVED JUL 10 1988, 19

BY ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR

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

RECEIVED  
MAY 26 1986  
U.S. DEPT. OF JUSTICE  
FEDERAL BUREAU OF INVESTIGATION