

RECEIVED

FEB 16 1976

Fair Oil, Ltd.

Address

P. O. Box 689, Tyler, Texas 75701

~~O.C.C.~~
ARTESIA, OFFICE

Reason(s) for filing (Check proper box)

New Well

Change in Transporter of:

Other (Please explain)

Recompletion

041

Change in Ownership ☒

Castinghead Gas

If change of ownership give name
and address of previous owner _____

Fair Oil Company, P. O. Box 689, Tyler, Texas 75701

II. DESCRIPTION OF WELL AND LEASE

Lease Name State "A"	Well No. 4	Pool Name, including formation Grayburg Jackson (SR Q.G. SA)	Kind of Lease State, Federal or Fee State	Lease No. B-2023
Location Unit Letter E ; 2310 Feet From The North 990 Feet From The West Line of Section 36 Township 17S Range 29E , NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>					Address (Give address to which approved copy of this form is to be sent)	
Texas-New Mexico Pipe Line Company					Midland, Texas	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>					Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rgn.	Is this actually connected?	When
	E	36	17S	29E		

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

IV. COMPLETION DATA

Completion Data		Oil Well	Gas Well	Steam Well	Workover	Deepen	Plug Back	Same Res'ty.	Diff. Res'ty.
Designate Type of Completion - (X)									
Date Spudded	Date Compl. Ready to Prod.	Tubing Depth				P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	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	Gauge Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Rise, Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Crack 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.

OIL CONSERVATION COMMISSION

APPROVED FEB 19 1976

BY W. A. Gressett

TITLE SUPERVISOR, DISTRICT II

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 III.

All sections of this form must be filled out completely for allow-
able 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.

(Signature)

Agent

(Title)

2-11-76

(Date)