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4-26-71

(Date)

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

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

L	FILE / /		AND		
	U.S.G.S.	AUTHORIZATION TO TRA	ANSPORT OIL AND NATU	RAL GAS	
-	LAND OFFICE	_	RECEIVE	D	
	TRANSPORTER OIL /	Sale for Rig Fuel			
+	OPERATOR 2J		APR 2 7 1971		
.	PRORATION OFFICE		M N Z / 13/1		
1.	Operator David Fasken D. C. C.				
	ARTESIA, OFFICE				
	Address 608 First National Bank Bldg., Midland, Texas 79701				
	Reason(s) for filing (Check proper box) Other (Please explain)				
	New Well	Change in Transporter of:	Office (1 sease explain	,	
	Recompletion	Oil Dry Go	ıs 🔲		
Ì	Change in Ownership	Casinghead Gas Conde	nsate		
L					
	If change of ownership give name and address of previous owner				
Ī					
II.	DESCRIPTION OF WELL AND Lease Name	LEASE Lease No. Well No. Pool Na	ame, Including Formation	Kind of Lease	
	Brown Yates Com.		Penn. (Morrow)	State, Federal or Fee Fee	
	Location		(1000)	1 4 4 4	
	Unit Letter I 990) Feet From The East Lir	ne and 1650 Fee	From The South	
	24				
		wnship Range	25 -E , NMPM,	Eddy County	
II.	DESIGNATION OF TRANSPOR Name of Authorized Transporter of Otl	TER OF OIL AND NATURAL GA	Address (Give address to whic	h approved copy of this form is to be sent)	
	Name of Authorized Transporter of Gr.		,		
	Name of Authorized Transporter of Ca	singhead Gas or Dry Gas	Address (Give address to whic	h approved copy of this form is to be sent)	
	Warton Drilling Com		Box 3747 Odessa,	Texas	
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected?	When	
	give location of tanks.	T	emporary line to ric	March 24, 1971	
	If this production is commingled wi	ith that from any other lease or pool,	give commingling order humb	BI:	
	COMPLETION DATA			pen Plug Back Same Res'v. Diff. Res'v.	
	Designate Type of Completi	on $-(X)$ Oil Well Gas Well X	X Workover Dee	per Plug Edeck Same No.	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	12-17-70	2-10-71	9000	8965	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
	3451 GR	Morrow	8823	8822	
	Perforations 8823 - 8872			Depth Casing Shoe 9000	
	0020 0072				
			D CEMENTING RECORD DEPTH SET	SACKS CEMENT	
	HOLE SIZE	CASING & TUBING SIZE	528	520 sxs. circulated	
	12-1/4"	8-5/8"	1226	550 sxs. + 200 sxs. bradenhea	
	7-7/8"	4-1/2"	9000	500 sxs. squeez	
		2-3/8"	8822		
v.	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow-				
• •	OIL WELL able for this depth or be for full 24 hours)				
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump	, gas tijt, etti.)	
	Law oth of Tool	Tubing Pressure	Casing Pressure	Choke Size	
	Length of Test	I duting Freesers	, , , , , , , , , , , , , , , , , , , ,		
	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	
	C.A.O.F. 3250	7-1/4 hrs. Tubing Pressure	Dry Gas Casing Pressure	Choke Size	
	Testing Method (pitot, back pr.)	Various *	Various *	Various *	
	CERTIFICATE OF COMPLIAN	VICET See Form C-122		SERVATION COMMISSION	
٧I.	CERTIFICATE OF COMPLIAN	ACE. DER LOIM C-1%%	1		
	I hereby certify that the rules and regulations of the Oil Conservation		APPROVED		
	Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		Wa Gressett		
	above is true and complete to the	he dest of my knowledge and belief.	11		
	//		TITLEO/LAND	GAS INSPECTOR	
	, /./		This form is to be fi	led in compliance with RULE 1104.	
			If this is a request f	or allowable for a newly drilled or deepened	
		matureS. L. Parks	tests taken on the well i	well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.	
	Agent	PALL)	All sections of this	form must be filled out completely for allow- eted wells.	
	/7	Title)	II oble on new and recompl	eren 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 completed wells.