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TRANSPORTER	OIL	/
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OPERATOR		
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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

SEP 2 1971

B.C.C.  
ARTESIA, OFFICE

Operator  
David Fasken

Address  
608 First National Bank Building - Midland, Texas 79701

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 type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain) NOTE: A Form C-104 was submitted on 4/26/71 to cover sale of rig fuel to Warton Drlg. Company temporarily.

If change of ownership give name and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease Name Brown-Yates Com.	Lease No.	Well No. 1	Pool Name and Producing Formation Atoka Perm (Morrow)	Kind of Lease State, Federal or Fee	Fee
Location Unit Letter 1 ; 990 Feet From The East Line and 1650 Feet From The South					
Line of Section 24 Township 18-S Range 25-E , NMPM, Eddy County					

I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)				
The Permian Corporation	Box 1183 Houston, Texas				
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)				
Transwestern Pipeline Company	Box 2521 Houston, Texas 77001				
If well produces oil or liquids, give location of tanks.	Unit 1	Sec. 24	Twp. 18-S	Rge. 25-E	Is gas actually connected? When Yes 8/26/71

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

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
		X	X					
Date Spudded 12/17/70	Date Compl. Ready to Prod. 2/10/71		Total Depth 9000		P.B.T.D. 8965			
Elevations (DF, RKB, RT, GR, etc.) 3451 GR	Name of Producing Formation Morrow		Top Oil/Gas Pay 8823		Tubing Depth 8822			
Perforations 8823-8872					Depth Casing Shoe 9000			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	13 3/8"		528		520 sacks circulated			
12 1/4"	8 5/8"		1226		550 sks. *Bradenhead			
7 7/8"	4 1/2"		9000		500 sks. *squeeze			
	2 3/8"		8822					

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. 3250	Length of Test 7 1/4 hrs.	Bbls. Condensate/MMCF Dry Gas	Gravity of Condensate
Testing Method (pitot, back pr.) Back Press	Tubing Pressure Various *	Casing Pressure Various*	Choke Size Various*

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.

(Signature)

S.L. Parks

Agent

9/1/71

(Date)

OIL CONSERVATION COMMISSION

APPROVED SEP 3 1971 , 19

BY W.A. Gressett  
OIL AND GAS INSPECTOR

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 multiply completed wells.