

DISTRIBUTION	
ANTA 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-11
Effective 1-1-65

MAR 21 1975

O. C. C.
ARTESIA, OFFICE

I.

Operator David Fasken	
Address 608 First National Bank Building, Midland, Texas 79701	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input 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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Higgins Cahoon	Well No. 1	Pool Name, including Formation Undesignated Penn	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter 0 ; 990 Feet From The South Line and 1650 Feet From The East				
Line of Section 2 Township 18-S Range 26-E, NMPM, Eddy 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 Company	Drawer 175, Artesia, New Mexico 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)					
Transwestern Pipeline Company	Box 2521, Houston, Texas 77001					
If well produces oil or liquids, give location of tanks.	Unit 0	Sec. 2	Twp. 18-S	Range 26E	Is gas actually connected? No Yes	When Expected 3-25-75

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.
		X	X					
Date Spudded 11-16-74	Date Compl. Ready to Prod. 1-28-75		Total Depth 9072'		P.B.T.D. 8920'			
Elevations (DF, RKB, RT, GR, etc.) 3291' GR 3307' KB	Name of Producing Formation Morrow		Top Oil/Gas Pay 8796'		Tubing Depth 8700' (Packer)			
Perforations 8796' - 8835' (21 shots)					Depth Casing Shoe 9012'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
36"	20"		40		8 cu yds Ready-Mix			
17-1/2"	13-3/8"		1293		800 sxs. Lite + 250 sxs. "C"			
12-1/4"	8-5/8"		1904		325 sxs. Class "C"			
7-7/8"	5-1/2"		9012		500 sxs. Class "C"			

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 2254	Length of Test 3 hrs. 10 mins.	Bbls. Condensate/MMCF -0-	Gravity of Condensate Dry
Testing Method (pitot, back pr.) Back Pr.	Tubing Pressure (Shut-in) 650	Casing Pressure (Shut-in) Packer	Choke Size 3/8"

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.



S. L. Parks

(Signature)

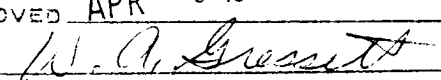
Agent

(Title)

March 19, 1975

(Date)

OIL CONSERVATION COMMISSION

APPROVED APR 9 1975, 19
BY 
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 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.