

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

**RECEIVED BY**  
**MAY 26 1986**  
**O. C. D.**  
**ARTESIA, OFFICE**

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

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 Higgins Cahoon Com. Well No. 1 Pool Name, including Formation Atoka Penn Kind of Lease State, Federal or Fee 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  or Condensate   
Navajo Crude Oil Purchasing Company Address (Give address to which approved copy of this form is to be sent) Drawer 175, Artesia, NM 88210  
Name of Authorized Transporter of Casinghead Gas  or Dry Gas   
Transwestern Pipeline Company Address (Give address to which approved copy of this form is to be sent) P O BOX 1188, HOUSTON, TX -77001-1188  
If well produces oil or liquids, give location of tanks. Unit 0 Sec. 2 Twp. 18-S Rge. 26E Is gas actually connected? YES When 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.  
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 \_\_\_\_\_

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
			<u>Post FD-3</u>
			<u>8-1-86</u>
			<u>Chg op</u>

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  
**JUL 28 1986**  
APPROVED \_\_\_\_\_, 19\_\_\_\_\_  
BY \_\_\_\_\_ Original Signed By  
Les A. Clements  
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 multiple

RECEIVED BY  
M. J. ...  
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