			_			
	NO. OF COPIES RECEIVED		-			
ļ	DISTRIBUTION		ONSERVATION COMMISSION	Form C-104 Supersedes Old C-104 and C-110		
ł	FILE	REQUEST	FOR ALLOWABLE	Effective 1-1-65		
ł	U.S.G.S.	AUTUODIZATION TO TRA	AND NSPORT OIL AND NATURAL G	٨٢		
		_				
	OIL	RECEI	VED			
	TRANSPORTER GAS			NOT BE		
	OPERATOR 1	<b>SEP</b> 30	1971 ALSINGHEAD	GAS MUST NOT BE		
1.	PRORATION OFFICE	SEP 30	TISTI CASINGHEAD FLARED AFT	ER # TO R.4070		
••	DAVID FASKEN		TINI ESS AN	V., X.Q.12-		
	DAVID FASKEN	0. C.	OFFICE IS OBTAINED	)		
	Address	ARTESIA,				
		k Bldg., Midland, Texas	79701			
	Reason(s) for filing (Check proper box)		Other (Please explain) Filed to establis	h regular allowable. This		
	New Well	Change in Transporter of:	Filed to establish	entary to the Form C-104		
	Recompletion	Oil Dry Gai	$\sim$ report 15 suppress	testing allowable.		
	Change in Ownership	Casinghead Gas Conden				
	I change of our orchip give name					
	If change of ownership give name and address of previous owner					
П.	DESCRIPTION OF WELL AND I	LEASE Lease No. Well No. Pool Nar	me, Including Formation	Kind of Lease 064488 -E		
	Lease Name		Wildcat Canyor	Federal # 004488 -L State, Federal or Fee		
	Arco "3" Federal		- Canyot			
	Location	soo South	1699	West		
	Unit Letter <u>K</u> ; <u>15</u>	80 Feet From The South Line	e and Feet From 1	The		
	_	10.0 25	17	Eddy County		
	Line of Section <b>3</b> Tow	mship 19-S Range 25.	<b>- Ľ</b> , NMPM,	County		
			G			
П.	DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil	<b>TER OF OIL AND NATURAL GA</b>	Address (Give address to which approv	ved copy of this form is to be sent)		
			413 Bldg. of Southwest,	Midland, Texas 79701		
	Scurlock Oil Company Name of Authorized Transporter of Cas		Address (Give address to which approv			
	No Connection	Unit Sec. Twp. Rge.	Is gas actually connected? Who	an		
	If well produces oil or liquids,	Unit Sec. Twp. Rge. K 3 19-S 25-E	No			
;	give location of tanks.					
	If this production is commingled wit	h that from any other lease or pool,	give commingling order number:	· · · · · · · · · · · · · · · · · · ·		
V.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res'v.		
	Designate Type of Completio		X			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	5-16-71	7-1-71	9222	7980		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
	3513 GL 3527 KB	Canyon	7817	7822 Pkr Tail Pipe		
	Perforations			Depth Casing Shoe		
	7817-7830, 7838-7844, 7854-7866 7999					
	TUBING, CASING, AND CEMENTING RECORD					
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
	17-1/2"	13-3/8"	505	500		
	12-1/4"	8-5/8"	1140	700		
	7-7/8''	5-1/2"	7999	500		
		2-7/8" EUE J-55	7769			
v.	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a	fter recovery of total volume of load oil	and must be equal to or exceed top allow-		
••	OIL WELL	able for this de	epth or be for full 24 hours)			
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)			
	7-1-71	9-21-71	Kobe Jet Pump			
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
	24 hrs.	Power Oil In	Power Oil & Production			
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas-MCF		
	860 bbls. fluid	170	690	258		
	GAS WELL	T				
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
	Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size		
				<u></u>		
71.	CERTIFICATE OF COMPLIANO	CE		TION COMMISSION		
				1971		
	I hereby certify that the rules and r	certify that the rules and regulations of the Oil Conservation		APPROVED, 19		
	Commission have been complied w above is true and complete to the	with and that the information given	In W. G. Su	er W. 9. Gressett		
	above is true and complete to the	best of my knowledge and bollow				
	/ /		TITLE OIL AND GAS INS	TITLE OIL AND GAS INSPECTOR		
			This form is to be filed in compliance with RULE 1104.			
	- HK		If this is a request for allowable for a newly drilled or deepened			
	(Signature) S. L. Parks, Agent		well this form must be accompanied by a tabulation of the deviation			
	Agent		tests taken on the well in accordance with RULE 111.			
	(Tit	le)	All sections of this form must be filled out completely for allow- able on new and recompleted wells.			
September 29, 1971			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.			
						1
			completed wells.			

# DEVIATION TESTS

## for

## DAVID FASKEN

ARCO "3" FEDERAL # 1 Sec. 3, T-19-S, R-25-E Eddy County,New Mexico

DEVIATION	DEPTH	DEVIATION	DEPTH
(Degrees)	(Feet)	(Degrees)	(Feet)
1-1/2	505	2-1/2	4582
1-3/4	1140	2-3/4	4708
1-3/4	1525	2-3/4	5024
1-3/4	1707	2-1/4	5213
1	2151	1-3/4	5560
1-1/4	2688	1	6392
1/4	3130	1-1/4	7052
1/2	3605	2-1/4	7686
2-1/2	3984	1-1/2	7850
2-1/2	4078	1/4	8248
3	4320	1/4	8492
2-3/4	4455	1/2	8995

I hereby affirm that this record is true and complete to the best of my knowledge and belief.

Parks, Agent

Subscribed and sworn to in my presence this 29th day of September, 1971.

Parlow Dill

Barbara Hill

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