

DISTRIBUTION		4
ANTA FE		1
ILE		1
S.G.S.		
AND OFFICE		
TRANSPORTER	OIL	1
	GAS	
OPERATOR		1
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-1
Effective 1-1-65

RECEIVED

APR 23 1974

I.

Operator	David Fasken ✓	O. C. C. ARTESIA, OFFICE
Address	608 First Natl. Bank Bldg., Midland, Texas 79701	
Reason(s) for filing (Check proper box)	Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	To sell gas for rig fuel.
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"/>	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Cameron "31" Federal	1	Indian Basin Morrow	State, Federal or Fee Federal	NMOL8881
Location				
Unit Letter J	1650	Feet From The South	Line and 1650	Feet From The East
Line of Section 31	Township 20-S	Range 25-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 Producing Company	Box 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)	
David Fasken Natural Gas Pipe Line	608 First Natl. Bank Bldg., Midland Texas 79701 Box 283, Houston, Texas 77002	
If well produces oil or liquids, give location of tanks.	Unit J	Sec. 31
	Twp. 20-S	Rge. 25-E
	Is gas actually connected? No / yes	
	When Dec 73	
	Expected about June 1, 1974	

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	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
8-22-73	11-5-73	9880	9774					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
3708 GR	Morrow	9560	9106					
Perforations	Depth Casing Shoe							
9560-9626	1 Jet/ft.	9821						
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17 1/2	13-3/8" 48#	198	250 sx. circulated					
12 1/4	8-5/8" 21# & 32#	3250	1200 sx. circulated					
7-7/8	4-1/2" 11.60#	9821	450 sx. top outside--					
	27 1/8"	8399 9406	7860					

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
C.A.O.F.P. 17,000	4 hr. 11-5-73	No Test	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Back Pressure	2948	Packer	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.

S. L. Parks

(Signature)

Agent

(Title)

April 22, 1974

(Date)

OIL CONSERVATION COMMISSION

APR 24 1974

APPROVED _____, 19____

BY W. A. Gussert

TITLE OIL AND GAS INSPECTOR

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.