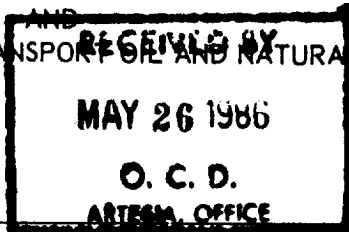


| | | | |
|------------------|---|-------------------------------------|-------------------------------------|
| DISTRIBUTION | | | |
| SANTA FE | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| FILE | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| U.S.G.S. | | | |
| LAND OFFICE | | | |
| TRANSPORTER | OIL <input checked="" type="checkbox"/> | | |
| | GAS <input checked="" type="checkbox"/> | | |
| OPERATOR | | <input checked="" type="checkbox"/> | |
| PRORATION OFFICE | | <input checked="" type="checkbox"/> | |

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



I.

| | |
|--|---|
| Operator Barbara Fasken | |
| Address 303 West Wall Avenue, Suite 1901 Midland, TX 79701-5116 | |
| Reason(s) for filing (Check proper box) | |
| New Well <input type="checkbox"/> | Change in Transporter of: |
| Recompletion <input type="checkbox"/> | Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> |
| Change in Ownership <input checked="" 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: David Fasken, 608 First National Bank Building, Midland, Texas 79701

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|---|---------------|---|--|------------------------|
| Lease Name Cameron "31" Fed. Com. | Well No. 1 | Pool Name, Including Formation Cemetery Morrow | Kind of Lease State, Federal or Fee Federal | Lease No. NM0488813 |
| 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 Purchasing Co. | P.O. Box 175, Artesia, NM 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) | |
| Natural Gas Pipeline Co. of America | P.O. Box 283, Houston, TX 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? Yes | |
| | When 8-14-74 | |

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, CR, etc.) | Name of Producing Formation | | Top Oil/Gas Pay | | | Tubing Depth | | |
| Perforations | | | | | | Depth Casing Shoe | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | | SACKS CEMENT | | |
| | | | | | | Post ID-3 | | |
| | | | | | | 8-1-86 | | |
| | | | | | | Chg Op | | |

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

APPROVED JUL 28 1986, 19

BY Original Signed By
Les A. Clements

TITLE Supervisor District 11

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

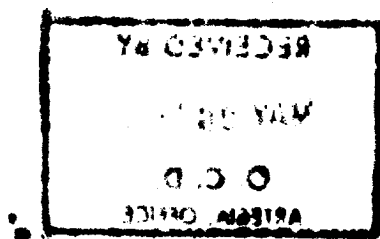


Figure 1. The effect of the concentration of the *Agrobacterium* suspension on the transformation efficiency of *Agrobacterium* strains.