ı	J. 07 LUFILD -11	1	-				
	DISTRIBUTION	NEW MEXICO OIL C	ONSERVATION COMMIS	SSION	Form C-104		
	SANTA FE	REQ <u>UEST</u>	FOR ALLOWARLE	76	Supersedes Old C-104 and C-110		
	FILE		BEGS: "D BA	T	Effective 1-1-	.62	
	U.S.G.S.	AUTHORIZATION TO TRA	NSPORT OIL AND N	ATURAL GA	\S		
	LAND OFFICE		MAY 26 1986	1			
	TRANSPORTER OIL		MAI PO 1000				
	GAS (O. C. D.				
	ACCREA OFFICE						
1.	PRORATION OFFICE	ARIESIA, C.		····			
	Operator						
	Barbara Fasken V						
	Address	Address					
	303 West Wall Avenue, Suite 1901 Midland, TX 79701-5116						
	Reason(s) for filing (Check proper box) Other (Please explain)						
	New Well Change in Transporter of:						
	Recompletion	OII Dry Gas	s 🔲				
	Change in Ownership XX	Casinghead Gas Conden	sate				
	change of ownership give name and Fasken, 608 First National Bank Building, Midland, Texas 79701						
	na sagress of previous owner or in a control of the						
11	DESCRIPTION OF WELL AND LEASE						
	Lease Name Well No. Pool Name, Including Fo					Lease No.	
	Cemetery Fed. Com.	1 Cemetery Mor	row	State, Federal o	∍rF•• Federal	NM-4025	
	Location				······································		
	1000 South 660 West						
	Unit Letter L; 1980 Feet From The South Line and 660 Feet From The WEST						
	91	mahin 20-S Range 2	5-E NMPM		Eddy		
	Line of Section 21 Tow	vnship 2U-3 Range 2	, имрм,			County	
			_				
III.	DESIGNATION OF TRANSPORT	or Condensate XX	S	which approve	d conv of this form is	to be sent!	
	Name of Authorized Transporter of Oil	Address (Give address to which approved copy of this form is to be sent)					
	Name of Authorized Transporter of Casinghead Gas or Dry Gas XX		P.O. Box 175, Artesia, NM 88210				
	Name of Authorized Transporter of Cas	Address (Give address to which approved copy of this form is to be sent)					
	Natural Gas Pipeline		P.O. Box 283, Ho		X //002		
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected	d? When			
	give location of tanks.	L ! 21 20-S 25-E	Yes	1	6-30-75		
	f this production is commingled with that from any other lease or pool, give commingling order number:						
	COMPLETION DATA	n that from any other rease or poor,	Brve comminging order				
		Oil Well Gas Well	New Well Workover	Deepen	Plug Back Same Re	s'v. Diff. Res'v.	
	Designate Type of Completion	n = (X)	į	1	į	į	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.	L	
	Dute Spudded		,				
	Clause (DE DED DE CD	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth		
	Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation						
	Desforations				Depth Casing Shoe		
	Perforations						
	TUBING, CASING, AND CEMENTING RECORD						
		· · · · · · · · · · · · · · · · · · ·			SACKS CE	MENT	
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SE	1		0-3	
					TOST +	<u> </u>	
					8-1-1	6	
					Che 0	^	
				<u></u> i			
v	TEST DATA AND REQUEST FO		fter recovery of total volum		nd must be equal to or	exceed top allow-	
٧.	OIL WELL						
	Date First New Oil Run To Tanks Date of Test		Producing Method (Flow, pump, gas lift, etc.)		etc.)		
		1					
	Length of Test	Tubing Pressure	Casing Pressure		Choke Size		
	· ·						
	Actual Prod. During Test	Oil-Bbis.	Water - Bbls.		Gas-MCF		
	1101201 1 1001 0 0 11114 1 0 0 1	1					
		1					
	GAS WELL	Length of Test	Bbis. Condensate/MMCF		Gravity of Condensate		
	Actual Prod. Test-MCF/D	Length of lest	BDID! COMMONDATO, MANIO!				
			S (Shipted S)		Choke Size		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-	,	J.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
VI.	CERTIFICATE OF COMPLIAN	CE	011 0	ONSERVAT	TION COMMISSION	N	
	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.		JUL 28 1986				
			APPROVED JUL 20 1000 , 19				
	above is true and complete to the						
			TITLE Supervisor District 11				
	.		This form is to be filed in compliance with RULE 1104.				
	1. 1-11		This form is to	be filed in co	ompliance with RUL	.E. 1194,	
	Charles & Mobley		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 allow-				
	Charles E. Mobley (Signature)						
	Agent						
	Agent (Title)		able on new and recompleted wells.				
	5-20-86		Sill and only sections I II III, and VI for changes of owner,				
	(Date)		well name or number, or transporter, or other such change or condition.				
	. 1		Senerate Rorma CatO4 must be filled for each nool in multiniv				

RECEPTED BY

O. C. D. ARESIN COPYLE

