

OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator Barbara Fasken	Well API No. 30-015-23422 22432
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Address 303 W. Wall, Suite 1900, Midland, TX 79701
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Reason(s) for Filing (Check proper box) <input type="checkbox"/> New Well <input checked="" type="checkbox"/> Change in Operator <input type="checkbox"/> Change in Transporter of: Oil <input type="checkbox"/> Dry Gas Casinghead Gas <input type="checkbox"/> Condensate	Other (Please explain) DHC
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Change of operator give name and address of previous operator	OCT 10 1993
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DESCRIPTION OF WELL AND LEASE

Well Name Lake McMillan Federal	Well No. 1	Pool Name, including Formation Eddy Undesignated Atoka	Kind of Lease State Federal or Fee	Lease No. NM 12264
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Location Unit Letter I : 1450 Feet From The South Line and 150 Feet From The East Line Section 30 Township 19S Range 27E, NMPM, Eddy County
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DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Pride Pipeline Co.	or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2436, Abilene, TX 79604
Name of Authorized Transporter of Casinghead Gas El Paso Natural Gas Co.	or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1492, El Paso, TX 79999
Well produces oil or liquids, and location of tanks.	Unit I Sec. 30 Twp. 19S Rge. 27E	Is gas actually connected? Yes When? 9-16-93

Is this production commingled with that from any other lease or pool, give commingling order number:
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COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well X	New Well	Workover	Deepen	Plug Back X	Same Res'v	Diff Res'v X
Date Spudded	Date Compl. Ready to Prod. 9-16-93		Total Depth 10500'		P.B.T.D. 9722'			
Measurements (DF, RKB, RT, GR, etc.) 3324'	Name of Producing Formation Atoka		Top Oil/Gas Pay 9436'		Tubing Depth 9383'			
Casing Depth 9436-40'					Depth Casing Shoe 9753'			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13-3/8" 48#	322'	400 - circ Post TD-2
12 1/4"	8-5/8" 24#	2725'	1000 - circ 1-2-94
7-7/8"	5 1/2" 15.5 & 17#	9753'	900 - TOC 7110 sample OK

TEST DATA AND REQUEST FOR ALLOWABLE

L 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 Tank	Date of Test 9-16-93	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. 0	Water - Bbls.	Gas - MCF

AS WELL

Actual Prod. Test - MCF/D 20	Length of Test 24 hr.	Bbls. Condensate/MMCF 0	Gravity of Condensate ---
Testing Method (pilot, back pr.) Backpressure	Tubing Pressure (Shut-in) 925 psi	Casing Pressure (Shut-in) 730 psi	Choke Size 1"

OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature Carl Brown	Petroleum Engineer
Printed Name 10-13-93	(915) 687-1777
Date	Telephone No.

OIL CONSERVATION DIVISION

Date Approved NOV 2 9 1993

By ORIGINAL SIGNED BY  
MIKE WILLIAMS  
Title SUPERVISOR, DISTRICT II

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multistage completed wells.