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**OIL CONSERVATION DIVISION**  
 P.O. Box 2088  
 Santa Fe, New Mexico 87504-2088

RECEIVED

JAN 26 '90

**REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS**

Operator: Barbara Fasken  
 Well API No.: 3001523432  
 O. C. D. ARTESIA, OFFICE

Address: 303 W. Wall Ave., Suite 1900 Midland, TX 79702

Change in Transporter of:  
 Operator change effective 2-1-90

Operator: Chevron U.S.A., Inc. P. O. Box 670 Hobbs, NM 88240

**DESCRIPTION OF WELL AND LEASE**

Name	Well No.	Pool Name, Including Formation	Kind of Lease State, Federal or Fee	Lease No.
Lake McMillan Federal	1	Lake McMillan East (Wolf)		NM12264

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

**DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

of Authorized Transporter of Oil or Condensate Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 3119 Midland, TX 79701
of Authorized Transporter of Casinghead Gas or Dry Gas El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1492 El Paso, TX 79999

Unit produces oil or liquids, location of tanks: I Unit 30 Twp. 19S Rge. 27E  
 Is gas actually connected? Yes When? 4-9-81

**COMPLETION DATA**

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Spudded								

Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
		Depth Casing Shoe

**TUBING, CASING AND CEMENTING RECORD**

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
			Post ID-3
			2-2-90
			chg ap

**TEST DATA AND REQUEST FOR ALLOWABLE 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.)

First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
Pressure of Test	Tubing Pressure	Casing Pressure
Oil Prod. During Test	Oil - Bbls.	Water - Bbls.
		Gas - MCF

**SHUT-IN WELL**

Oil 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

**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: Charles E. Mobley  
 Title: Mgr./Special Projects  
 Date: 1-25-90  
 Telephone No.: (915) 687-1777

**OIL CONSERVATION DIVISION**

Date Approved: FEB 2 1990

By: ORIGINAL SIGNED BY MIKE WILLIAMS  
 Title: SUPERVISOR, DISTRICT I#

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

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