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OPERATOR		4
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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

11/1/67

I. Operator **David Fasken** ✓

Address **608 First National Bank Bldg. - Midland, Texas 79701**

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain) **Temporary sale of fuel for a drilling rig.**

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Lease No.	Well No.	Pool Name, Including Formation	Kind of Lease
Ross-Federal	NM 0207950	1	North Indian Hills Morrow Gas	State, Federal or Fee
Location Field				
Unit Letter		Feet From The	Line and	Feet From The
K 1	1980	South	1980	West
Line of Section	Township	Range	County	
4	21-S	24-E	Eddy	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas	or Dry Gas	Address (Give address to which approved copy of this form is to be sent)
Warton Drilling Co.		1st State Bank Bldg. - Odessa, Texas
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	21-S	24-E
	Twp.	Rge.
Is gas actually connected?	When	
	will be connected	about August 12, 1967

If this production is commingled with that from any other lease or pool, give commingling order number: **None**

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.					
3-26-65	5-20-65	9815	9665					
Elevations (DE, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
RKB 3810 3795 gr.	Morrow	9481	9439					
Perforations	Depth Casing Shoe							
9481-9488, 9494-9498, 9548-9559, 9590-9600, 9625-9635, 9606-9619	9814							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17 1/2	13-3/8"	300	300					
12 1/4	8-5/8"	3100	700					
7-7/8	4 1/2"	9814	200					
	2-3/8"	9439						

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
7987.8	0.75 hrs.	4	60
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
Orifice Meter	2029 psig	Packer	24/64

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.

L. D. McCarty
(Signature)
Agent
(Title)
August 10, 1967
(Date)

OIL CONSERVATION COMMISSION
AUG 11 1967
APPROVED _____, 19____
BY **W. A. Gressett**
TITLE **Oil and Gas Supervisor**

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.