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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

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1968

I. Operator **David Fasken** O. C. OFFICE

Address **608 First National Bank Building Midland, Texas 79701**

Reason(s) for filing (Check proper box) Other (Please explain)

New Well <input checked="" type="checkbox"/>	Change in Transporter of:	Change in lease name from Shell-Federal to Shell-Federal (Com.)
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name **Shell-Federal (Com.)** Lease No. **NM0486483** Well No. **1** Pool Name, Including Formation **N. Indian Hills-Morrow Gas** Kind of Lease **State, Federal or Fee**

Location

Unit Letter **S**; **1980** Feet From The **South** Line and **1980** Feet From The **West**

Line of Section **5** Township **21 South** Range **24 East**, 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)
The Permian Corporation	P. O. Box 3119 Midland, Texas
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 Company of America	P. O. Box 236 Midland, Texas
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	S 5 21-S 24-E no yes May 1, 1968

If this production is commingled with that from any other lease or pool, give commingling order number: **R-3395**

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
		X	X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
10-30-66	12-31-66	9901	9827					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
3833 KB	Morrow	9570	9504					
Perforations	Depth Casing Shoe							
9570-9592 w/4 jets per foot.	9900							

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 7/8"	13-3/8"	310	325
12 1/2"	8-5/8"	3100	1430
7-7/8"	4 1/2"	9900	450
	2" tbg.	9504	

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
1000	6 hrs.	2	est. 50 deg.
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
Flowing	variable	Packer	variable

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.

(Signature)

Agent

(Title)

4-29-68

(Date)

OIL CONSERVATION COMMISSION

APPROVED **MAY 23 1968**, 19

BY **W. A. Gressett**

TITLE **Oil Conservation Commission**

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.