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Appropriate District Office
STRICT I
P.O. Box 1980, Hobbs, NM 88240

STRICT II
P.O. Drawer DD, Artesia, NM 88210

STRICT III
P.O. Box Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

RECEIVED

DEC - 7 1992

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Barbara Fasken ✓	Well API No. 30-015-20075
Address 303 W. Wall, Suite 1900, Midland, Texas 79701-5116	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:
Completion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Change of operator give name and address of previous operator	

DESCRIPTION OF WELL AND LEASE		Lease No.	
Case Name Skelly Federal	Well No. 1	Pool Name, Including Formation Eddy Undesignated Strawn	Kind of Lease State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Fee
Location Unit Letter M : 840 Feet From The South Line and 935 Feet From The West Line Section 9 Township 21-S Range 24-E, NMPM, Eddy County			

I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Navajo Crude Oil Purchasing Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 175, Artesia, NM 88210
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Barbara Fasken	Address (Give address to which approved copy of this form is to be sent) 303 W. Wall, Suite 1900, Midland, TX 79701-5116
Well produces oil or liquids, or location of tanks.	Unit S Sec. 5 Twp. 21-S Rge. 24-E Is gas actually connected? yes When? 10-6-92
this production is commingled with that from any other lease or pool, give commingling order number: R-3395	

II. 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		X
Date Spudded 9-28-92	Date Compl. Ready to Prod. 9-30-92	Total Depth 10,356'	P.B.T.D. 9714'					
Measurements (DF, RKB, RT, GR, etc.) 4139' GR	Name of Producing Formation Strawn	Top Oil/Gas Pay 8721'	Tubing Depth 8469'					
Perforations 9082-88'			Depth Casing Shoe 10145'					
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
18"	13-3/8"	46'	Cmt. to surface w/ready mix					
12-1/4"	8-5/8"	3199'	1450 <i>Int 10-2</i>					
7-7/8"	4-1/2"	10145'	450 <i>12-18-92</i>					

III. 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 Tank	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 3665	Length of Test 2-1/2 hrs.	Bbls. Condensate/MMCF TSTM	Gravity of Condensate -
Testing Method (pilot, back pr.) backpressure	Tubing Pressure (Shut-in) 2722	Casing Pressure (Shut-in) Pkr.	Choke Size 3/8"

VI. 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.

Jimmy Davis Jr
Signature
Jimmy Davis, Jr. Drlg. & Oper. Supt.
Printed Name
10-6-92 915-687-1777
Date Telephone No.

OIL CONSERVATION DIVISION

DEC 15 1992

Date Approved

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 multiply completed wells.