DISTRIBUTION			
SANTA FE		1	
FILE		1	✓
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL	1	
	GAS		
OPERATOR		3	
PRORATION OFFICE			

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

R E C E I V E D

MAY 1 1973

O. C. C.
ARTESIA, OFFICE

Operator
David Fasken

Address
608 First Natl. Bank Bldg., Midland, Texas 79701

Reason(s) for filing *(Check proper box)* Effective 5-1-73

		Change in Transporter of:		
New Well	☐	Oil ☐	Dry Gas ☐	
Recompletion	☐	Casinghead Gas ☐	Condensate ☒	
Change in Ownership	☐			

Other *(Please explain)*
From _____ Corp

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

DESCRIPTION OF WELL AND LEASE

Lease Name	Lease No.	Well No.	Pool Name, Including Formation	Kind of Lease State
Indian Hills Unit		7	Indian-Basin Morrow Gas	State, Federal or Fee # E-7437

Location

Unit Letter __F__ : __2310__ Feet From The __North__ Line and __2121__ Feet From The __West__

Line of Section __16__ Township __21-S__ Range __24-E__ , NMPM, __Eddy__ County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒
Navajo Crude Oil Purchasing Co.

Address *(Give address to which approved copy of this form is to be sent)*
Drawer 175 Artesia, New Mexico 88210

Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒
David Fasken

Address *(Give address to which approved copy of this form is to be sent)*
608 First Natl. Bank Bldg., Midland, Texas

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	H	17	21	24	Yes	7-1-69

If this production is commingled with that from any other lease or pool, give commingling order number: __CTB-197__

COMPLETION DATA

Designate Type of Completion — (X)

Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.

Elevations *(DF, RKB, RT, GR, etc.)*	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth

Perforations			Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allow-able for this depth or be for full 24 hours)

OIL WELL

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
Testing Method *(pitot, back pr.)*	Tubing Pressure	Casing Pressure	Choke Size

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.

_____ S. L. Parks _____
(Signature)

_____ Agent _____
(Title)

_____ April 27, 1973 _____
(Date)

OIL CONSERVATION COMMISSION
MAY 2 1973

APPROVED _____ 19 ___

BY _____ W. A. Grissett

TITLE **OIL AND GAS INSPECTOR**

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 multipl