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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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SEP 11 1972

Operator David Fasken		O. C. C. PRORATION OFFICE
Address 608 First National Bank Bldg., Midland, Texas 79701		
Reason(s) for filing (Check proper box)		Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	
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 **Well was taken over at casing point from Monsanto.**

II. DESCRIPTION OF WELL AND LEASE

Lease Name Avalon-Federal "Com"	Lease No.	Well No. 1	Pool Name, including Formation R. 4042 Undesignated - Morrow Gas	Kind of Lease State, Federal or Fee Federal
Location				
Unit Letter H 1-	3630	Feet From The South	Line and 660	Feet From The East
Line of Section 1	Township 21 S	Range 25 E	, 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	Box 1183, Houston, Texas 77001	
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)	
Delhi Gas Pipeline Corp.	Drawer 634, Midland, Texas 79701	
If well produces oil or liquids, give location of tanks.	Unit H Sec. 1 Twp. 21S Rge. 25E	Is gas actually connected? No When Expect 1st delivery 9-12-72

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

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 5-12-70	Date Compl. Ready to Prod. 9-8-70	Total Depth 10,630	P.B.T.D. 10,516					
Elevations (DF, RKB, RT, GR, etc.) 3219 KB	Name of Producing Formation Morrow	Top Oil/Gas Pay 10,314	Tubing Depth 10,193					
Perforations 10,314 to 10,349	Depth Casing Shoe 10,585							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/4"	13-3/8		352		350			
12-1/4"	9-5/8		3474		1370			
8-3/4"	4-1/2		10585		550			

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 **Indicated average = 853.62 R. 4042**

Actual Prod. Test-MCF/D 2079	Length of Test 1 hour	Bbls. Condensate/MMCF Dry Gas	Gravity of Condensate
Testing Method (pitot, back pr.) Critical Flow Prover	Tubing Pressure 1313	Casing Pressure Packer	Choke Size 1/4"

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.

S. L. Parks

(Signature)

Agent

(Title)

9-8-72

(Date)

OIL CONSERVATION COMMISSION

APPROVED **OCT 3 1972**, 19

BY **W. A. Gressett**

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 multiply completed wells.