|                                    | or corps 1  | 1  |   |  |  |  |  |  |
|------------------------------------|---|--|---|--|--|--|--|--|
| 1                                  | DISTRIBUTION  | NEW MEXICO OIL C   | ONSERVATION COMM. SION  | Fran C 104                               |  |  |  |  |
|                                    | SANTA FE  | REQUEST  | Form C-104  Supersedes Old C-104 and C-11   |  |  |  |  |  |
|                                    | FILE  |  | Effective 1-1-65  |  |  |  |  |  |
|                                    | U.S.G.S.  | AUTHORIZATION TO TRA   | NSPORT OIL AND NATURAL G  | AS                                       |  |  |  |  |
|                                    | LAND OFFICE   | A CONTRACTOR OF THE PARTY OF TH |   |  |  |  |  |  |
|                                    | I RANSPORTER GAS C  | RECEIVED 8Y  |   |  |  |  |  |  |
|                                    | OPERATOR PRORATION OFFICE   | MAY 26 1986  |   |  |  |  |  |  |
| 4.                                 | Operator  | O. C. D.   |   |  |  |  |  |  |
|                                    | Barbara Fasken  | ARTESIA, OFFICE  |   |  |  |  |  |  |
|                                    | Address   |  |   |  |  |  |  |  |
|                                    | 303 West Wall Avenue, Suite 1901 Midland, TX 79701-5116  Other (Please explain)   |  |   |  |  |  |  |  |
| New Well Change in Transporter of: |   |  |   |  |  |  |  |  |
|                                    | Recompletion  | Oil Dry Ga   |   |  |  |  |  |  |
| į                                  | Change in Ownership XX  | Casinghead Gas Conden  | sate  |  |  |  |  |  |
|                                    | If change of ownership give name and address of previous owner av1  | d Fasken, 608 First Nati   | onal Bank Building, Midl  | and, Texas 79701                         |  |  |  |  |
| 11.                                | DESCRIPTION OF WELL AND   | Well No. Pool Name, Including Fo   | ormation Kind of Lease  | Legae No.                                |  |  |  |  |
|                                    | Lease Name  | 1  |   |  |  |  |  |  |
|                                    | Avalon Federal "Com." 1 Catclaw Draw (MOrrow) State, Federal or Fee Federal Location  |  |   |  |  |  |  |  |
|                                    | Unit Letter P ; 3630 Feet From The South Line and 660 Feet From The East  |  |   |  |  |  |  |  |
|                                    | Line of Section 1 Tow   | vnship 21-5 Range  | 25-E , NMPM,  | Eddy County                              |  |  |  |  |
|                                    |   |  |   |  |  |  |  |  |
| III.                               | DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Oil or Condensate XX Address (Give address to which approved copy of this form is to be sent)  |  |   |  |  |  |  |  |
|                                    | Navajo Crude Oil Purc   | hasing Co.   | O. Box 175, Artesia, NM 88210  Iddiess (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 s  Gas Company of New Mexico  P.O. Box 26400, Alburqueque, NM 87125                                      |  |   |  |  |  |  |  |
|                                    | If well produces oil or liquids,  | Unit Sec. Twp. Rge.  | Is gas actually connected? Whe  | n  |  |  |  |  |
|                                    | give location of tanks.   | P 1 21-S 25-E  | Yes   | 9-12-72                                  |  |  |  |  |
|                                    | this production is commingled with that from any other lease or pool, give commingling order number:  |  |   |  |  |  |  |  |
| •••                                | Designate Type of Completion  | Oil Well Gas Well  | New Well Workover Deepen  | Plug Back   Same Restv. Diff. Restv.     |  |  |  |  |
|                                    | Date Spudded  | Date Compl. Ready to Prod.   | Total Depth   | P.B.T.D.                                 |  |  |  |  |
|                                    |   |  |   | Tubing Depth                             |  |  |  |  |
|                                    | Elevations (DF, RKB, RT, GR, etc.)  | Name of Producing Formation  | Top Oil/Gas Pay   | Tabing Depth                             |  |  |  |  |
|                                    | Perforations  |  | <u> </u>  | Depth Casing Shoe                        |  |  |  |  |
|                                    | TUBING, CASING, AND CEMENTING RECORD  |  |   |  |  |  |  |  |
|                                    | HOLE SIZE   | CASING & TUBING SIZE   | DEPTH SET   | SACKS CEMENT                             |  |  |  |  |
|                                    |   |  |   | Post ED-3                                |  |  |  |  |
|                                    |   |  |   | 8-1-86                                   |  |  |  |  |
|                                    |   |  |   | Cheop                                    |  |  |  |  |
|                                    | THE PART AND PROVIDED DE  | OP ALLOWARIE (Test must be a   | fter recovery of total volume of load oil o   | and must be equal to or exceed top allow |  |  |  |  |
| ٧.                                 | TEST DATA AND REQUEST FOOLL WELL  | able for this de   | pth or be for full 24 hours)  |  |  |  |  |  |
|                                    | Date First New Oil Run To Tanks   | Date of Test   | Producing Method (Flow, pump, gas lif   | s, esc.)                                 |  |  |  |  |
|                                    | 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 (Shut-in)  | Casing Pressure (Shut-in)   | Choke Size                               |  |  |  |  |
| w                                  | GERTHALIANTE OF COURT TANCE   |  | OIL CONSERVA  | TION COMMISSION                          |  |  |  |  |
| ¥1.                                | 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. |  | JUI 2   | 8 <b>1986</b>                            |  |  |  |  |
|                                    |   |  | APPROVED Original Signed By   |  |  |  |  |  |
|                                    |   |  | BYLes A. Clements   |  |  |  |  |  |

| Chan             | ely | v E 11 | Molling<br>(Signature) | <u> </u> |     |
|------------------|-----|--------|------------------------|----------|-----|
| Charles<br>Agent | E.  | Mobley | (Signature)            |          | aa. |
| , <u></u>        |     |        | (Title)                |          |     |

(Date)

5-20-86

Supervisor District H

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 Called must be filed for each good in multiply

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COL POMPTION