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TRANSPORTER	OIL	1
	GAS	
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NEW MEXICO OIL CONSERVATION COMM. ON  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS  
**RECEIVED**

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

NOV 20 1973

I. Operator **David Fasken** **O. C. C.**  
Address **ARTESIA, OFFICE**  
**608 First National Bank Bldg., Midland, Tx. 79701**

Reason(s) for filing (Check proper box) Other (Please explain)  
New Well ☒ See OTHER Change in Transporter of: Obtain testing allowable for 300 bbls.  
Recompletion ☐ Oil ☐ Dry Gas ☐ ready to move from test tank at the  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐ well.

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Lease No.	Well No.	Pool Name, Including Formation	Kind of Lease
El Paso "3" Federal		1	Wildcat	Federal # 911
Location				
Unit Letter <b>K</b> ; <b>489</b> Feet From The <b>North</b> Line and <b>195</b> Feet From The <b>East</b> line of Lot 11				
Section <b>3</b> Township <b>21-S</b> Range <b>26-E</b> , NMPM, <b>Eddy</b> 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)
Navajo Crude Oil Purchasing Co.	Drawer 175 Artesia, N. M. 88210
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
See Other Above	No Unknown

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.
		XX						
Date Spudded 8-3-73	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.) 3189' GR	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Perforations Testing allowable requested for 300 bbls. condensate produced from Strawn perforations 9847-9855' & 9910-9922'			Depth Casing Shoe					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					

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 SEE ABOVE

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

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)  
November 19, 1973  
(Date)

OIL CONSERVATION COMMISSION

APPROVED **NOV 20 1973**  
BY **W. A. Gressitt**  
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