

DISTRIBUTION	
AMT. FE	
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U.S.G.S.	
AND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
RECEIVED
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-11
Effective 1-1-65

APR 25 1975

J. C. C.
ARTESIA, OFFICE

I.

Operator David Fasken ✓	
Address 608 First National Bank Building, Midland, Texas 79701	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Recompletion <input checked="" type="checkbox"/>	Consolidated Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Other (Please explain) Recompletion into Morrow with request for hearing to commingle Canyon and Morrow down hole.

If change of ownership give name and address of previous owner: **P. 5102 9-30-75 Avalon - Morrow Gas**

II. DESCRIPTION OF WELL AND LEASE

Lease Name El Paso Federal	Well No. Pool Name, Including Formation 2 Undesignated (Morrow)	Kind of Lease State, Federal or Fee Fed.	Lease No. 911
Location			
Unit Letter M	4196.5 Feet From The North Line and 660' Feet From The West		
Line of Section 2	Township 21-S	Range 26-E	County Eddy

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 Company Box 175, Artesia, New Mexico	
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) El Paso Natural Gas Company Box 1384, Jal, New Mexico	
If well produces oil or liquids, give location of tanks.	Unit M Sec. 2 Twp. 21-S Rge. 26-E	Is gas actually connected? yes When 3-25-75 4-3-74 *

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'tv.	Diff. Res'tv.
		X	X					
Date Spudded 11-1-73	Date Compl. Ready to Prod. 3-7-74 original 3-25-75 to commingle	Total Depth 11,166' K.B.M.	P.B.T.D. 10,838'					
Elevations (DF, RKB, RT, GR, etc.) 3199' G.L.	Name of Producing Formation Canyon & Morrow	Top Oil/Gas Pay Canyon 9498' Morrow 10,700'	Taking Depth 10,600'					
Perforations 9515' to 9542' 15 holes - Canyon 10,820'-32' (6/ft.) and 10,746'-75' (2/ft.) - Morrow	Depth Casing Shoe 10,993'							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT				
17-1/2"	13-3/8", 48#/ft.	352' K.B.	400 sxs.	12 cu. yds. Ready-Mix				
12-1/4"	8-5/8", 32#/ft.	4397' K.B.		circulated				
7-7/8"	5-1/2", 17 & 20#/ft.	10993' K.B.		450 sxs.				

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

Actual Prod. Test-MCF/D 901	Length of Test 24 hr.	Bbls. Condensate/MMCF 2.2	Gravity of Condensate 59.2
Testing Method (pilot, back pr.) orifice meter	Tubing Pressure (Shut-in) 2550	Casing Pressure (Shut-in) 2400	Choke Size 3/4"

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.

Robert H. Angevine

(Signature)

Agent

(Title)

April 24, 1975

(Date)

*Recompleted in Morrow March 25, 1975, and commingled with Canyon zone.

OIL CONSERVATION COMMISSION

APR 30 1975

APPROVED

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BY

TITLE

SUPERVISOR, DISTRICT II

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 multi-

* Subject to DH commingling hearing