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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

RECEIVED

JAN - 7 1980

Operator Ralph Nix		O. C. D.	
Address P. O. Box 617 Artesia, N M 88210		ARTESIA OFFICE	
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well	<input type="checkbox"/>	Change in Transporter of:	
Recompletion	<input checked="" type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input checked="" type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

If change of ownership give name and address of previous owner Monsanto 1330 Midland National Bank Tower Midland, Texas

II. DESCRIPTION OF WELL AND LEASE

Lease Name Fasken Federal	Well No. 2	Pool Name, Including Formation Avalon Atoka	Kind of Lease Federal	Lease No. 0490017-A
Location Unit Letter <u>V</u> ; <u>1980'</u> Feet From The <u>West</u> Line and <u>660'</u> Feet From The <u>South</u>				
Line of Section <u>5</u> Township <u>21 South</u> Range <u>26 East</u> , NMPM, <u>Eddy</u> 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"/> The Permian Corp.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1183, Houston Texas 77001			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Southern Union Gas Co	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1492 El Paso, Texas Fidelity Union Tower, Dallas, Texas 75201			
If well produces oil or liquids, give location of tanks.	Unit <u>V</u>	Sec. <u>5</u>	Twp. <u>21 S</u>	Rge. <u>26 E</u>
			Is gas actually connected?	When <u>El Paso 10-2-75</u> <u>So. Union 8-8-75</u>

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.
		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Date Spudded 6-1-74	Date Compl. Ready to Prod. 12-28-1979	Total Depth 10,950'	P.B.T.D. 10,250'					
Elevations (DF, RKB, RT, GR, etc.) 3213 GL.	Name of Producing Formation Atoka	Top Oil/Gas Pay 10,016	Tubing Depth 9,885'					
Perforations 10,016 - 10,022'	Depth Casing Shoe							

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2	13 3/8"	500'	650SX
12 1/4	9 5/8"	1990'	1,000SX
8 3/4	5 1/2"	10,950'	800SX

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 Dec. 28, 29, 30, 1979	Producing Method (Flow, pump, gas lift, etc.) packer	
Length of Test Three days	Tubing Pressure 3800#-300#	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. -	Water - Bbls. -	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D 74,000 Average	Length of Test 3 days	Bbls. Condensate/MMCF -	Gravity of Condensate -
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in) 3800#	Casing Pressure (shut-in) Packer	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.

Dalton Kinchela
(Signature)
Agent
(Title)
1-4-1980
(Date)

OIL CONSERVATION COMMISSION

APPROVED JAN 10 1980, 19____
BY W. A. Gussert
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 multiply completed wells.