

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
I. PRODUCTION OFFICE		
Operator		
DALTON KINCHELOE		
Address		
859 PETRO. BLDG. ROSWELL, N. M. 88201		
Reason(s) for filing (Check proper box)		
New Well		Change in Transporter of:
Recompletion		Oil
Change in Ownership	X	Casinghead Gas
		Dry Gas
		Condensate
		Other (Please explain)

If change of ownership give name and address of previous owner RALPH NIX P. O. BOX 617 ARTESIA, N M

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Fasken Federal	2	Avalon Atoka	Federal	NM 0490017
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"/>	Address (Give address to which approved copy of this form is to be sent)
The Permian Corp.	P. O. 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)
EL PASO NATURAL GAS CO.	P. O. BOX 1492, EL PASO, TEXAS
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	V 5 21S 26E Yes El Paso 1975

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

V. 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		X		X
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
6-1-74	12-28-1979	10,950'	10,250'					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
3213 Gl.	Atoka	10,016	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'	650 SX					
12 1/4"	9 5/8"	1,990'	1,000 "					
8 3/4"	5 1/2"	10,950	800 "					

VI. 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.)	
	Dec. 28, 29, 30, 1979	Flowing	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
3 days	3,800-300#	packer	
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
74,000 average	3 days	0	
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
	3,800#	Packer	3/4"

I. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Dalton Kincheloe
(Signature)
Operator
(Title)
May 25, 1983
(Date)

OIL CONSERVATION DIVISION

APPROVED SEP 12 1983, 19 _____BY Original Signed By
Leslie A. Clements
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.