

DISTRIBUTION	
SANTA FE	
FILE	✓
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL 1
	GAS 1
OPERATOR	
PRORATION OFFICE	

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

DEC 20 1979

Operator DAVID FASKEN		O. C. D.	
Address 608 First National Bank Building, Midland, Texas 79701		ARTESIA, OFFICE	
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:		
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>		
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Ross Federal Comm.	Well No. 3	Pool Name, Including Formation Cemetery Morrow	Kind of Lease State, Federal or Fee Federal	Lease No. NM021029
Location				
Unit Letter <u>E</u> ; <u>1641</u> Feet From The <u>North</u> Line and <u>460</u> Feet From The <u>West</u>				
Line of Section <u>4</u> Township <u>21-South</u> Range <u>24-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"/> Navajo Crude Oil Purchasing Co.	Address (Give address to which approved copy of this form is to be sent) Box 175, Artesia, NM 88210			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> David Fasken	Address (Give address to which approved copy of this form is to be sent) 608 First Nat'l Bank Bldg., Midland, TX.			
If well produces oil or liquids, give location of tanks.	Unit E	Sec. 4	Twp. 21-S	Rge. 24-E
			Is gas actually connected? <u>No</u> <u>yes</u>	When <u>1-7-80</u> <u>2-4-80</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'tv.	Diff. Res'tv.
		X	X					
Date Spudded 2-2-79	Date Compl. Ready to Prod. 3-4-79		Total Depth 9862'		P.B.T.D. 9818'			
Elevations (DF, RKB, RT, GR, etc.) 3708' RKB	Name of Producing Formation Morrow		Top Oil/Gas Pay 9531'		Tubing Depth 9124'			
Perforations 9531-9618					Depth Casing Shoe 9849'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"	13-3/8" 54.5#/ft		405'		350 Lite + 150 "C"			
12-1/4"	8-5/8" 24 & 32#/ft		3000'		900 Lite + 200 "C"			
7-7/8"	4-1/2" 11.60#/ft		9849'		950 "H"			

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 C.A.O.F.P. 9,741	Length of Test 4 hrs	Bbls. Condensate/MMCF -0-	Gravity of Condensate ---
Testing Method (pitot, back pr.) Back pressure	Tubing Pressure (shut-in) 2365#	Casing Pressure (shut-in) Packer	Choke Size Various

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.

Jimmy Davis Jr.
(Signature)
Jimmy Davis, Jr., Agent
(Title)
December 14, 1979
(Date)

OIL CONSERVATION COMMISSION
APPROVED FEB 8 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 multiple