

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

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

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

NOV 10 1980

O. C. D.

ARTESIA OFFICE

Operator DAVID FASKEN	
Address 608 First National Bank Building, Midland, Texas 79701	
Reason(s) for filing (Check proper box)	
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"/>
Other (Please explain)	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Maralo Federal	Well No. 1	Pool Name, including Formation Morrow (Morrow)	Kind of Lease State, Federal or Fee Federal	Lease No. LC-072015C
Location				
Unit Letter J ; 1980 Feet From The South Line and 1980 Feet From The East				
Line of Section 35 Township 20-S Range 27-E , NMPM, Eddy 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 Refining Co. crude oil purchasing Co.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 175, Artesia, New Mexico 88210			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1492, El Paso, Texas ATTN: Mr. Don Balmer			
If well produces oil or liquids, give location of tanks.	Unit J	Sec. 35	Twp. 20-S	Rge. 27-E
Is gas actually connected?		When 11-15-80		

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.
		X	X					
Date Spudded 6-27-80	Date Compl. Ready to Prod. 8-30-80		Total Depth 11,360'		P.B.T.D. 11,297'			
Elevations (DF, RKB, RT, CR, etc.) 3243' R.K.B.	Name of Producing Formation Morrow		Top Oil/Gas Pay 10,768' / 0932		Tubing Depth 10,030'			
Perforations 10,932' - 10,942' --- 21 holes					Depth Casing Shoe 11,360'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"	13-3/8"		400'		450 + 7 1/2 yds ³ Ready-Mix			
12-1/4"	8-5/8"		2,999'		1000 Lite + 300 Thixset + 200 "C"			
7-7/8"	4-1/2"		11,360'		1000 "H" (T/Cmt @ 7900')			

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 1330	Length of Test 60 mins	Bbls. Condensate/MMCF -0-	Gravity of Condensate ---
Testing Method (pitot, back pr.) Back pressure	Tubing Pressure (Shut-in) 3198	Casing Pressure (Shut-in) Pkr	Choke Size 10/64"

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)
Robert H. Angevine, Agent
(Title)
11-6-80
(Date)

OIL CONSERVATION COMMISSION

NOV 25 1980
APPROVED _____, 19____
BY W. A. Gressett
SUPERVISOR, DISTRICT II
TITLE _____

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