

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

NEW MEXICO OIL CONSERVATION COM ION
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

NOV 10 1980

I. 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"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry 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 El Paso Federal	Well No. 5	Pool Name, including Formation Avalon (Morrow)	Kind of Lease State, Federal or Fee Fed.	Lease No. NM-911
Location Unit Letter L ; 2684 Feet From The North Line and 660 Feet From The West Line of Section 1 Township 21-S Range 26-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.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 175, Artesia, New Mexico			
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 L	Sec. 1	Twp. 21-S	Range 26-E
				Is gas actually connected? No Yes
				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 8-13-80	Date Compl. Ready to Prod. 10-15-80		Total Depth 11400'		P.B.T.D. 11327'			
Elevations (DF, RKB, RT, GR, etc.) 3195' KB	Name of Producing Formation Morrow		Top Oil/Gas Pay 10702' / 10858'		Tubing Depth 10720'			
Perforations 10858'-10872', 10880'-10895', & 10958'-10978'					Depth Casing Shoe 11400'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"	13-3/8"		400'		350 Lite + 100 C			
12-1/4"	8-5/8"		3004'		1000 Lite + 300 Thick + 200 C + 518 C through 1"			
7-7/8"	4-1/2"		11400' w/DV @ 6998'		1000 H + 1400 C out DV			

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 2305	Length of Test 8 hrs	Bbls. Condensate/MMCF -0-	Gravity of Condensate ---
Testing Method (pitot, back pr.) Back Pressure	Tubing Pressure (shut-in) 665	Casing Pressure (shut-in) Pkr	Choke Size 3/8"

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)
11-7-80
(Date)

OIL CONSERVATION COMMISSION
APPROVED NOV 20 1980
BY W. A. Gressett
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.