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DIS	TRIBUTION FE		CONSERVATION COMMISSION	Form C+104
FILE		REQUEST	FOR ALLOWABLE	 Supersedes Old C-104 and C-11 Elloctive 1-1-65
U.S.G.S		AUTHORIZATION TO TR	AND LANSPORT OIL AND NATURAL	
LAND	OFFICE	RECEIVED BY	SPORT OIL AND NATURAL	GAS
TRANS	PORTER OIL	NECEIVED DI		
68584	GAS F	MAY 26 1986		
OPERA	TION OFFICE	-	I	
Operator	TION OFFICE	O. C. D.	<u> </u>	
	Barbara Fasken ARTESIA, OFFICE			
Address			70701 5116	
Reason(s	303 West Wall For filing (Check proper bo	Avenue, Suite 1901 Midla	nd, TX 79701-5116 Other (Please explain)	
New Well		Change in Transporter of:	Other (Please explain)	
Recomple	tion	Oil Dry G	as 🔲	
Change in	Ownership XX	Casinghead Gas Conde	ensate 🗌	
If change	of ownership give name		1 D L D 13 L1 . W.	70703
and addre	ss of previous owner av	id Fasken, 608 First Nat	ional Bank Building, Mic	lland, lexas /9/01
	PTION OF WELL AND		,	
Lease Na		Well No. Pool Name, Including F	Formation Kind of Leas	Lease No.
Location	Paso Federal ()	5 Burton Flat Mo	Orrow (Pronated Gas) State, Feder	alor Fee Federal NM-911
	etter	84 Feet From The North Li	. 660	Mach
Unit	etter;CO	DT Feet From The NOT CIT LI	ne and OUU Feet From	The West
Line o	Section 1 To	ownship 21-S Range 2	26-Е , _{МРМ} , Ed	dy County
II DESIGNA	ATION OF TRANSBOR	TED OF OIL AND MATURAL CO	A C	
Name of A	ATION OF TRANSPOR	TER OF OIL AND NATURAL GA	AS Address (Give address to which appro	oved copy of this form is to be sent)
	ajo Crude Oil Pu		P.O. Box 175, Artesia.	NM 88210
J	luthorized Transporter of Ca		Address (Give address to which appro	ved copy of this form is to be sent)
El	<u>Paso Natural Gas</u>		P.O. Box 1492, El Paso	
	duces oil or liquids, ion of tanks.	Unit Sec. Twp. Rge.		11 15 00
<u> </u>			Yes	11-15-80
	CTION DATA	ith that from any other lease or pool,	give commingling order number:	
1	nate Type of Completi	on - (X)	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.
Date Spud		Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Total Bapin	F.B.1.D.
Elevations	(DF. RKB, RT, GR, etc.)	Name of Producing Formation	Top Oll/Gas Pay	Tubing Depth
				· · · · · · · · · · · · · · · · · · ·
Perforatio	n s			Depth Casing Shoe
		TUBING, CASING, AND	D CEMENTING RECORD	
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
				Post ID-3
				8-1-86
				- Chy Up
ـــــــــــا V. Test Da	TA AND REQUEST F	OR ALLOWARLE (Test must be a	for recovery of total values of land all	and must be equal to or exceed top allow-
OIL WEL	ıL.	able for this de	epth 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 Pro	d. During Test	Oil-Bble,	Water - Bble.	Gas-MCF
GAS WEL	•			
	od. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Me	thad (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
• =====================================				
i. Certifi	CATE OF COMPLIAN	CE	il	TION COMMISSION
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.			APPROVED JUL 28 1986, 19	
			TITLE Supervisor	
No	le E M	//	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.	
Thanks .	E. Mobley (Signal	itue)		
gent	L. Houley	•		
J	(Tit	ile)		
	5-20-86			
	, (Da	ie)	1	er, or other such change of condition. he filed for each pool in multiply
				•

VA QBV POBA