	J. 07 CO., C	_1		
	DISTRIBUTION	NEW MEXICO OIL C	CONSERVATION COMMISSION	Form C-104
	SANTA FE	REQUEST	FOR ALLOWABLE	 Supersedes Old C-104 and C-11
	FILE		AND BY	Effective 1-1-65
	U.S.G.S.	AUTHORIZATION TO TRA	ARECORY OF AND NATURAL O	SAS
	LAND OFFICE	-	1006	
	TRANSPORTER OIL	-	MAY 26 1986	
	GAS V	4		
	OPERATOR /	4	O. C. D.	
1	PRORATION OFFICE Operator		ARTESIA, OFFICE	
	Barbara Fasken			
	303 West Wall Avenue, Suite 1901 Midland, TX 79701-5116 Reason(s) for filing (Check proper box) Other (Please explain)			
	Reason(s) for filing (Check proper box) New Well Change in Transporter of:			
	Recompletion Oil Dry Gas			
	Change in Ownership XX	Casinghead Gas Conder		
	Cudude In Ownership[V]	Custingheda Gus Conder		
	If change of ownership give name .	t market COO Finat Nati	ional Rank Ruilding Mid	land, Texas 79701
	and address of previous owner Davi	d Fasken, 608 First Nati	ional bank bulluling, mid	Tanu, Texus 73701
11	DESCRIPTION OF WELL AND	Well No. Pool Name, Including Fo	ormation Kind of Lease	Lease No. 7
	Maralo Federal	2 Burton Flat M		lor Foo Federal LC-072150
	Location			
	Unit Letter K : 1980 Feet From The South Line and 1650 Feet From The West			
				The MCS o
	Line of Section 35 To	washin 20-S Bange 2	27-E NMPM	Eddy
	Line of Section 33 Tox	wnship 2U-5 Range 2	, NMPM,	County
	DESCRIPTION OF MRANGRORS	TED OF OU AND NATURAL CA	i e	
111.	Name of Authorized Transporter of Oil	TER OF OIL AND NATURAL GA	Address (Give address to which approx	ved copy of this form is to be sent)
			P.O. Box 175, Artesia,	
	Navajo Crude Oil Pur Name of Authorized Transporter of Car	chasing to.	Address (Give address to which approx	ned copy of this form is to be sent!
			P.O. Box 1492, El Paso	
	<u>El Paso Natural Gas</u>	Co.	Is gas actually connected? Who	
	If well produces oil or liquids,	Unit Sec. Twp. Rge.		9-21-81
	give location of tanks.	K : 35 20-S : 27-E	<u> </u>	3-21 01
	If this production is commingled wi	th that from any other lease or pool,	give commingling order number:	
	COMPLETION DATA			Plug Back Same Res'v. Diff. Res'v.
	Designate Type of Completic		New Well Workover Deepen	Plug Buck Same Nes-V. Ditt. Nes-V.
			Total David	P.B.T.D.
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.1.D.
				Tubing Depth
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	1 ubing Depth
			.1	Depth Casing Shoe
	Perforations Depth Cashing shoe			
	TUBING, CASING, AND CEMENTING RECORD			
			- 1	SACKS CEMENT
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	fact ID-3
				G-1- G1
				7-86
				+ Chg OF
V.	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow able for this depth or be for full 24 hours)			
	OIL WELL			ft. etc.)
	Date First New Oil Run To Tanks	Date of Test	1 todacing memor (1 today pampy gares	,,,
		Tubles Breezes	Casing Pressure	Choke Size
	Length of Test	Tubing Pressure	Calling Pressure	
			Water-Bbls.	Ggs - MCF
	Actual Prod. During Test	Oil-Bbls.	Water - Bbts.	
		1	<u> </u>	
	GAS WELL		T	Gravity of Condensate
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
				ON also Bloom
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
VI.	CERTIFICATE OF COMPLIAN	CE	OIL CONSERVA	ATION 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	
			Original Signed By Les A. Clements	
			TITLE Supervisor District II	
			1	
	01 1 m10		This form is to be filed in compliance with RULE 1104.	
	Charles & Mobley		If this is a request for allowable for a newly drilled or despended well, this form must be accompanied by a tabulation of the deviation	
	Charles E. Mobley (Signatur)		well, this form must be accompa- tests taken on the well in acco	rdence with RULE 111.
	Agent		All sections of this form mu	at be filled out completely for allow-
	(Title)		able on new and recompleted wells.	
	5-20-86		Fill out only Sections I. I	I, III, and VI for changes of owner,
	(Date)		well name or number, or transporter, or other auch change of condition.	

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