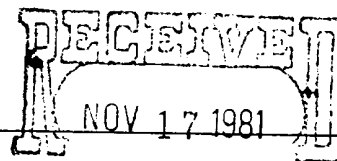


DISTRIBUTION	
SANTA FE	1
FILE	1
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL 1
	GAS 1
OPERATOR	1
PRORATION OFFICE	

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-11  
Effective 1-1-65



I. Operator  
David Fasken ✓  
Address  
608 First National Bank Bldg., Midland, Tx. 79701  
Reason(s) for filing (Check proper box)  
New Well ☒ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐  
Other (Please explain)  
O. C. D.  
ARTESIA, OFFICE  
NOV 18 1981

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
El Paso Federal	7	Avalon (Morrow)	State, <u>Federal</u> or Fee Federal	NM-911
Location Unit Letter <u>F</u> , <u>1582</u> Feet From The <u>North</u> Line and <u>1991</u> Feet From The <u>West</u> Line of Section <u>2</u> Township <u>21-S</u> Range <u>26 E</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"/> <u>Navajo Refining Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 175, Artesia, New Mexico</u>					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <u>El Paso Natural Gas Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 1492, El Paso, Texas</u>					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	<u>F</u>	<u>2</u>	<u>21 S</u>	<u>26 E</u>	<u>No</u> <u>Yes</u>	<u>12-22-81</u> <u>4-14-82</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.
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Date Spudded <u>8-31-81</u>	Date Compl. Ready to Prod. <u>11-2-81</u>		Total Depth <u>11,191'</u>		P.B.T.D. <u>11,131'</u>			
Elevations (DF, RKB, RT, GR, etc.) <u>3202.2 GR</u>	Name of Producing Formation <u>Morrow</u>		Top Oil/Gas Pay <u>10,684'</u> <u>10882</u>		Tubing Depth <u>10,580'</u>			
Perforations <u>10882-992</u>					Depth Casing Shoe <u>11,190'</u>			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>17 1/2"</u>	<u>13-3/8"</u>		<u>394'</u>		<u>450 sx + 9 yds<sup>3</sup> Ready Mi.</u>			
<u>12 1/4"</u>	<u>8-5/8"</u>		<u>2992'</u>		<u>1725 sx</u>			
<u>7-7/8"</u>	<u>4 1/2"</u>		<u>11,190'</u>		<u>1400 sx</u>			
<u>4 1/2"</u>	<u>2-3/8"</u>		<u>10,580'</u>		<u>--</u>			

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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
<u>2183.4</u>	<u>One (1) hour</u>	<u>-0-</u>	<u>--</u>
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size
<u>Back Press.</u>	<u>3279</u>	<u>Pkr.</u>	<u>22/64"</u>

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.

OIL CONSERVATION COMMISSION

APPROVED APR 27 1982  
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

Gilbert H. Argovine  
Agent  
11-13-81  
(Date)

## OIL CONSERVATION DIVISION

P. O. DRAWER DD

ARTESIA, NM 88211  
RECEIVED

APR 21 1982

## NOTICE OF GAS CONNECTION

DATE April 14, 1982

O. C. D.

ARTESIA, OFFICE

This is to notify the Oil Conservation Division that connection for the purchase  
of gas from the David Fasken /  
OPERATOR

El Paso Federal #7EddyF 2-21S-26ELEASE & WELLCOUNTYUNIT S-T-RAvalon Morrow ~~S-2~~El Paso Natural Gas CompanyPOOLNAME OF PURCHASERwas made on April 14, 1982DATE34848SITE CODE01SITE WELL NO.EL PASO NATURAL GAS COMPANYPURCHASER*Thomas R. Elliott*REPRESENTATIVEAssistant Chief Division DispatcherTITLE

cc: Operator

Oil Conservation Division - Santa Fe, NM

H. E. McEuen

Proration

Measurement - Jal

R. L. Tabb

Earl Smith

File