

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Barbara Fasken		Well API No. 30-015-27326
Address 303 W. Wall, Suite 1900, Midland, Texas 79701-5116		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
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 Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Skelly Federal	Well No. 2	Pool Name, Including Formation Cemetery Morrow	Kind of Lease State (Federal) or Fee	Lease No. NM 022534-A
Location				
Unit Letter F	: 1604	Feet From The North	Line and 1912	Feet From The West
Section 9	Township 21-S	Range 24-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 Crude Oil Purchasing Co. 15694 280	Address (Give address to which approved copy of this form is to be sent) P.O. Box 175, Artesia, NM 88210					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Barbara Fasken	Address (Give address to which approved copy of this form is to be sent) 303 W. Wall, Suite 1900, Midland, TX 79701-5116					
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 9	Twp. 21-S	Rge. 24-E	Is gas actually connected? Yes	When? 5-13-93

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 3-17-93	Date Compl. Ready to Prod. 5-12-93		Total Depth 10,200'		P.B.T.D. 10,058'			
Elevations (DF, RKB, RT, GR, etc.) 4137' GR	Name of Producing Formation Morrow		Top Oil/Gas Pay 9,643'		Tubing Depth 9,673'			
Perforations 9865-73'					Depth Casing Shoe 10,201'			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17½"	13-3/8"	281'	1000 sx + 9½ yds. ready mix
12½"	8-5/8"	3183'	1150 sx Post I.D.-2
7-7/8"	4½"	10201'	1125 sx 5-21-93
			comp & R.H.

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 Tank	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 3000	Length of Test .3 hrs.	Bbls. Condensate/MMCF 4	Gravity of Condensate 52.2° API
Testing Method (pilot, back pr.) Orifice Meter	Tubing Pressure (Shut-in) 2608 psi	Casing Pressure (Shut-in) Packer	Choke Size 15/64"

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature
Jimmy Davis, Jr. Drilling & Operations Superintendent
Printed Name
5-14-93
Date
Title
(915) 687-1777
Telephone No.

OIL CONSERVATION DIVISION

Date Approved MAY 18 1993

By ORIGINAL SIGNED BY
MIKE WILLIAMS
Title SUPERVISOR, DISTRICT II

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.