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

DISTRICT II P.O. Drawer DD, Anesia, NM 88210 State of New Mexico Energy, Minerals and Natural Resources Department

RECEIVED

Form C-1(4 )
Revised 1-1-89
See Instructions at Bottom of Page

## OIL CONSERVATION DIVISION

P.O. Box 2088 New Mexico 87

Santa Fe. New Mexico 87504-2088

Jul	₹5,80

DISTRICT III	Santa re, New	Wexico 67304-2000	OCEICE
1000 Rio Brazos Rd., Aztec, NM 87410	REQUEST FOR ALLOW	ARLE AND ALITHORIZA	ATION ATION
ſ	TO TRANSPORT (	DIL AND NATURAL GAS	3
Operator	TO THATOLOTTIC	31271112 1771 31 1712 G710	Well API No.
. Bill & Patsv Rich	-		30-015-21913
Address	d		
c/o Oil Reports 3	د Gas Services, Inc., P	P. C. Box 755, Hobbs	, NM 88241
Reason(s) for Filing (Check proper box)		Other (Please explain	
New Well	Change in Transporter of:		
Recompletion	Oil Dry Gas	Effective	5/1/90
Change in Operator 🔀	Casinghead Gas Condensate		
f change of operator give name and address of previous operator.	& & Dil Corporation, I	nc. P. O. Box 755.	Hobbs. VM 88241
, ,			
II. DESCRIPTION OF WELL			
Lease Name	Well No. Pool Name, Inci	<u> </u>	Kind of Lease Lease No.
Fasken Federal	1 Southwes	t Sulphate Delaware	NM-17574
Location			
Unit Letter	1980 Feet From The	South Line and 660	Fee: From The East Li
Section 17 Iownsh	un GEG Panga G	SE , <b>NMPM</b> ,	Fddy County
Section 1] Iownsh	up 258 Range 2	SE , NMPM,	Eddy County
III. DESIGNATION OF TRA	NSPORTER OF OIL AND NAT	TURAL GAS	
Name of Authorized Transporter of Oil	xx or Condensate —		n approved copy of this form is to be sent)
Navajo Refinini (		P. O. box 159, A	Rtesia, NM 88210
Name of Authorized Transporter of Casar		<del>-</del>	h approved copy of this form is to be sent)
None			
If well produces oil or liquids,	Unit Sec. Twp. R	ge. Is gas actually connected?	When?
give location of tanks.	I   11   25s   36F	No No	
•	t from any other lease or pool, give commi	ingling order number:	
V. COMPLETION DATA			
Designate Type of Completion	Oil Well   Gas Well	New Well Workover	Deepen Plug Back Same Res'v Diff Res'v
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Date Spuide:	Date Compi. Ready to Flori.	votal Depti	r.b.1.D.
Elevations (DF RKB, RT, GR, etc.	Name of Producing Formation	Top Cil/Gas Pay	ubing Depth
Perforations			Depth Casing Shoe
	TUBING, CASING AN	ID CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
		·	- 1 J TH B
TECT DATA AND REQUE	ST FOR ALLOWARD F		
V. TEST DATA AND REQUE OIL WELL. Test must be after		ever be equal to or exceed top allow	avie for this depth or be for full 24 hours.)
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pure	
Date That we won Rule To Tallk	Date of Test		r Carron Vic
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
	·		
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
VI. OPERATOR CERTIFIC	CATE OF COMPLIANCE		
I hereby certify that the rules and regu		OIL CONS	SERVATION DIVISION
Division have been complied with and			
is true and complete to the best of my	knowledge and belief	Date Approved	JUL 1 6 1990
- Hanna de		By CRA	MAT REWED BA
Signature Donna Holler	Agent	Dy	TEC. 1. 44. 7
Printed Name	Title	THE	ERVISON, DISTRICT IF
7/11/90	505-393-2727	Title	
Date	Telephone No	· [:	

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 well:
- 3) Fill out only Sections 1, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be fixed for each pool in multiply completed wells