

**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-110
Effective 1-1-65

**RECEIVED BY
MAY 26 1986
O. C. D.
ARTESIA, OFFICE**

DISTRIBUTION			
SANTA FE		<input checked="" type="checkbox"/>	
FILE		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL	<input checked="" type="checkbox"/>	
	GAS	<input checked="" type="checkbox"/>	
OPERATOR		<input checked="" type="checkbox"/>	
PRORATION OFFICE			

I. Operator Barbara Fasken ✓
Address 303 West Wall Avenue, Suite 1901 Midland, TX 79701-5116
Reason(s) for filing (Check proper box)
New Well Change in Transporter of: Oil Dry Gas
Recompletion Casinghead Gas Condensate
Change in Ownership Other (Please explain)

If change of ownership give name and address of previous owner David Fasken, 608 First National Bank Building, Midland, Texas 79701

II. DESCRIPTION OF WELL AND LEASE
Lease Name Howell State Com. Well No. 1 Pool Name, including Formation Cemetery Morrow Kind of Lease State, Federal or Fee State Lease No. L-4757
Location
Unit Letter L; 1980 Feet From The South Line and 660 Feet From The West
Line of Section 32 Township 20-S Range 25-E, NMPM, Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil or Condensate
Navajo Crude Oil Purchasing Co. 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 or Dry Gas
Natural Gas Pipeline Co. of America Address (Give address to which approved copy of this form is to be sent) P.O. Box 283, Houston, TX 77002
If well produces oil or liquids, give location of tanks. Unit L Sec. 32 Twp. 20-S Rge. 25-E Is gas actually connected? Yes When 8-27-76

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.
Date Spudded _____ Date Compl. Ready to Prod. _____ Total Depth _____ P.B.T.D. _____
Elevations (DF, RKB, RT, GR, etc.) _____ Name of Producing Formation _____ Top Oil/Gas Pay _____ Tubing Depth _____
Perforations _____ Depth Casing Shoe _____
TUBING, CASING, AND CEMENTING RECORD
HOLE SIZE _____ CASING & TUBING SIZE _____ DEPTH SET _____ SACKS CEMENT Part ID-3
8-1-86
Chg dp

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 _____
Testing Method (pitot, back pr.) _____ Tubing Pressure (shut-in) _____ Casing Pressure (shut-in) _____ Choke Size _____

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.
Charles E. Mobley (Signature)
Charles E. Mobley (Title)
Agent
5-20-86 (Date)

OIL CONSERVATION COMMISSION
JUL 28 1986
APPROVED _____, 19_____
BY Les A. Clements Original Signed By
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

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