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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL 1 GAS
OPERATOR	3
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION  
**REQUEST FOR ALLOWABLE  
 AND  
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS**  
**RECEIVED**

Form C-104  
 Supersedes Old C-104 and C-110  
 Effective 1-1-65

MAY 1 1973

Operator	David Fasken ✓	O. C. C. ARTESIA, N.M.
Address	608 First Natl. Bank Bldg., Midland, Texas 79701	
Reason(s) for filing (Check proper box)	Effective 5-1-73 Change in Transporter of: New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership <input type="checkbox"/>	Other (Please explain) Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input checked="" type="checkbox"/>

If change of ownership give name and address of previous owner \_\_\_\_\_

**DESCRIPTION OF WELL AND LEASE**

Lease Name	Lease No.	Well No.	Pool Name, Including Formation	Kind of Lease
Shell Federal (Com.)	NM-0486483	1	Indian Basin-Morrow Gas	State, Federal or Fee Federal
Location	Unit Letter S ; 1980 Feet From The South Line and 1980 Feet From The West			
Line of Section	Township	Range		County
5	21-S	24-E	NMPM,	Eddy

**DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Navajo Crude Oil Purchasing Co.	Drawer 175 Artesia, New Mexico 88210
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
David Fasken	608 First Natl. Bank Bldg., Midland, Texas
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	S 5 21-S 24-E Yes May, 1968

If this production is commingled with that from any other lease or pool, give commingling order number: R-3395

**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, CR, 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

**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

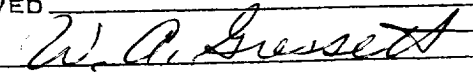
**GAS WELL**

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

**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.

  
 S. L. Parks  
 (Signature)  
 Agent  
 (Title)  
 April 27, 1973  
 (Date)

OIL CONSERVATION COMMISSION  
 MAY 2 1973  
 APPROVED \_\_\_\_\_, 19\_\_\_\_  
 BY   
 TITLE **OIL AND GAS INSPECTOR**

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.