

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  
000 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

RECEIVED

SEP 13 1991

O. C. D.  
ARTESIA OFFICE

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator Barbara Fasken	Well API No.
Address 303 W. Wall, Suite 1900, Midland, Texas 79701-5116	
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: Recompletion <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input checked="" 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	

I. DESCRIPTION OF WELL AND LEASE

Lease Name Feil Federal	Well No. 1	Pool Name, including Formation North Cemetery (Atoka)	Kind of Lease State, Federal or Fee	Lease No. NM-19418
Location Unit Letter <u>D</u> : <u>660</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>West</u> Line Section <u>28</u> Township <u>20-S</u> Range <u>25-E</u> , NMPM, <u>Eddy</u> County				

II. 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.	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"/> 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. <u>D</u> <u>28</u> <u>20-S</u> <u>25E</u>	Unit <u>D</u>	Sec. <u>28</u>
Is gas actually connected? yes		When? 7-30-91
If this production is commingled with that from any other lease or pool, give commingling order number: DHC-810		

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>
Date Spudded 6-5-75	Date Compl. Ready to Prod. 12-20-90		Total Depth 9800'		P.B.T.D. 9646'			
Elevations (DF, RKB, RT, GR, etc.) 3541 KB	Name of Producing Formation Atoka		Top Oil/Gas Pay 8973'		Tubing Depth 9100'			
Perforations 9133'-9345'					Depth Casing Shoe 9720'			

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	13-3/8"	214'	150 sx Lite + 100 sx "C"
12-1/4"	8-5/8"	3204'	1000 sx Lite + 35 sx "C"
7-7/8"	4-1/2"	9720'	450 sx "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 7-31-91	Producing Method (Flow, pump, gas lift, etc.) Post TD-2 11-22-91 comp Ato.	
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 28	Length of Test 24	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) Orifice	Tubing Pressure (Shut-in) 1180 psi	Casing Pressure (Shut-in) Packer	Choke Size 3/4"

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. Title Drlg. & Oper. Supt.  
Printed Name Jimmy Davis, Jr. Telephone No. (915) 687-1777  
Date 9-10-91

OIL CONSERVATION DIVISION

NOV 14 1991

Date Approved

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.