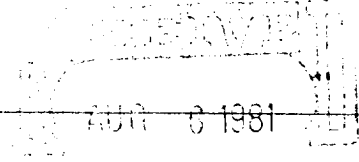


DISTRIBUTION			
SANTA FE		1	
FILE		1	✓
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL	1	
	GAS	1	
OPERATOR		1	
PRORATION OFFICE		1	

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 1-1-85

AUG 11 1981



I. Operator
 DAVID FASKEN /

Address
 608 First National Bank Building, Midland, Texas 79701

Reason(s) for filing (Check proper box)
 New Well Change in Transporter of:
 Recompletion Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate

Other (Please explain)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Maralo Federal	Well No. 2	Pool Name, Including Formation Benton Flat Avalon (Morrow)	Kind of Lease State, Federal or Fee Federal	Lease No. LC 07215 C
Location Unit Letter <u>K</u> ; <u>1980</u> Feet From The <u>South</u> Line and <u>1650</u> Feet From The <u>West</u> Line of Section <u>35</u> Township <u>20-South</u> Range <u>27-East</u> , NMPM, <u>Eddy</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Refining Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 175, Artesia, New Mexico
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1492, El Paso, Texas
If well produces oil or liquids, give location of tanks. Unit <u>K</u> Sec. <u>35</u> Twp. <u>20-S</u> Rge. <u>27-E</u>	Is gas actually connected? When <u>No</u> <u>yes</u> <u>8-25-81 9-21-81</u>

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 Resrv.	Diff. Resrv.
		X	X					
Date Spudded 5-11-81	Date Compl. Ready to Prod. 7-15-81	Total Depth 11,250'	P.B.T.D. 11,028'					
Elevations (DF, RKB, RT, GR, etc.) 3234.1' GL	Name of Producing Formation Morrow	Top Oil/Gas Pay 10,768' 10806	Tubing Depth 10,258'		Depth Casing Shoe 11245'			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	13-3/8"	398'	350 Lite + 100 "C"
12-1/4"	8-5/8"	2997'	1000 Lite + 300 Thixset + 200 "C"
7-7/8"	4-1/2"	11245' w/DV @ 7118'	1200 "H" + 1400 "C" out

V. TEST DATA AND REQUEST FOR ALLOWABLE

(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

Posted ID-3
 Added LT-NCO
 10-23-81

GAS WELL

Actual Prod. Test-MCF/D 400	Length of Test 8 hrs	Bbls. Condensate/MMCF -0-	Gravity of Condensate ---
Testing Method (pitot, back pr.) Back pressure	Tubing Pressure (shut-in) 2205	Casing Pressure (shut-in) Pkr	Choke Size 3/8"

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.

Robert H. Angevine
 Robert H. Angevine, Agent
 (Title)
 7-31-81
 (Date)

OIL CONSERVATION COMMISSION

OCT 2 1981

APPROVED _____
 BY *W.A. Gessert*
 TITLE SUPERVISOR, DISTRICT II

This form is to be filed in compliance with RULE 1101.
 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