

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42 R1424.

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT" for such proposals.)

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR
David Fasken

3. ADDRESS OF OPERATOR
608 First National Bank Bldg., Midland, Texas 79701

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface
Unit J, 1980' FSL & 1980' FEL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, ET, GR, etc.)
4029' DF.

5. LEASE DESIGNATION AND SERIAL NO.
NM-02218

6. INTEREST, ALLOTTEE OR TRUST NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
King-Davis Federal

9. WELL NO.
5

10. HOLE AND FOOT WALL DEPTH
Allison (Perm)

11. SECTION, TOWNSHIP, RANGE, OR OTHER LOCATION
28-8S-37E

12. COUNTY OR PARISH AND STATE
Roosevelt New Mexico

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	<input type="checkbox"/>	WATER SHUT-OFF	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	FRACTURE TREATMENT	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	SHOOTING OR ACIDIZING	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	OTHER	<input type="checkbox"/>
(Other)	<input type="checkbox"/>	(Other)	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
MULTIPLE COMPLETION	<input checked="" type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>	ABANDONMENT	<input type="checkbox"/>
CHANGE PLANS	<input type="checkbox"/>		

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details and give pertinent dates, including proposed date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all major hole zones pertinent to this work.)

(This well is the former Sam Boren No. 1 King-Davis Federal). The present status is:

- 10-3/4" 32.75# csg. is set @ 395' with 400 sacks.
- 7-5/8" 24# csg. is set @ 4255' with 400 sacks in 9-5/8" hole.
- 4-1/2" 11.60# csg. is set @ 9531' with 400 sacks in 6-3/4" hole.
- P.B.T.D. is 9515' D.F. measurement.
- Open perfs are 9488-92' and 9501-11'.

Commercial production is now depleted and it is proposed to plug the well as follows:

- Above perfs 9180'-9450' -- 20 sacks.
- At 4-1/2" cut est. 7000'. 6900'-7100' -- 30 sacks.
- At base of intermediate -- 4200'-4300' -- 25 sacks.
- At 7-5/8" cut est. 2000' -- 1950'-2050' -- 35 sacks.
- At surface -- 10 sacks.

AMENDMENT:

Set additional 50' cement plug at shoe of surface casing.

18. I hereby certify that the foregoing is true and correct

SIGNED

TITLE

Agent

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

APPROVED
NOV 13 1968
A. R. BROWN
DISTRICT ENGINEER

November 12, 1968

*See Instructions on Reverse Side

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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND HOBBS OFFICE O. C. C.
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
FEB 28 11 54 AM '67

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

I. Operator **David Fasken**
Address **608 First National Bank Bldg., Midland, Texas 79701**
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of: Oil ☒ Dry Gas ☐
Recompletion ☐ Oil ☐ Casinghead Gas ☐ Condensate ☐
Change in Ownership ☐ Other (Please explain) **EFFECTIVE MARCH 1, 1967**

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name King-Davis Federal	Lease No. NM-2218	Well No. 5	Pool Name, including Formation Allison (Penn, Bough "C")	Kind of Lease State, Federal or Fee Federal
Location Unit Letter J ; 1980 Feet From The South Line and 1980 Feet From The East Line of Section 28 Township 8-S Range 37-E , NMPM, Roosevelt 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"/> The Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 3119, Midland, Texas 79701					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Sinclair Oil & Gas Co. Warrent	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1470, Midland, Texas 79701 Box 1589, Midland, Texas					
If well produces oil or liquids, give location of tanks.	Unit L	Sec. 27	Twp. 8-S	Rge. 33-E	Is gas actually connected? Vented	When February 15, 1967

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

V. 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

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	Casing Pressure	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.

J. N. McCarty
(Signature)
Agent

(Title)
February 27, 1967
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY _____
TITLE _____

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 multiply completed wells.