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	GAS	
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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

Operator <b>David Fasken</b>	
Address <b>608 First National Bank Bldg., Midland, Texas</b>	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
<b>See Note Below</b>	

If change of ownership give name and address of previous owner **P. O. Box 524**  
**Dob Oil Properties, Inc. % Albritton & Meyer, Midland, Texas**

Lease Name <b>Federal "A"</b>	Lease No. <b>0560413</b>	Well No. <b>1</b>	Pool Name, Including Formation <b>Allison Penn (Bough "C")</b>	Kind of Lease State, Federal or Free <b>Federal</b>
Location				
Unit Letter <b>L</b>	<b>1980</b>	Feet From The <b>South</b> Line and <b>660</b>	Feet From The <b>West</b>	
Line of Section <b>34</b>	Township <b>8-S</b>	Range <b>37-E</b>	NMPM, <b>Roosevelt</b>	County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS						
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <b>McWood Corporation</b>	Address (Give address to which approved copy of this form is to be sent) <b>2003 Wilco Bldg., Midland, Texas</b>					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>None - Negotiating for connection.</b>	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit <b>L</b>	Sec. <b>33</b>	Twp. <b>8-S</b>	Rge. <b>37-E</b>	Is gas actually connected? <b>No</b>	When <b>September 1966</b>

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

COMPLETION DATA	Diff. Res'v.
<b>This was formerly Dob Oil Properties No. 1 Humble-Federal. Their federal lease expired. A new federal lease (0560413) was acquired by David Fasken with the well and lease equipment intact and we are designating this lease and well as the Federal "A" No. 1.</b>	

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		OIL CONSERVATION COMMISSION	
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.		APPROVED _____, 19____	
<b>J. D. McCarty</b> (Signature) <b>Agent</b> (Title) <b>September 6, 1966</b> (Date)		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.	