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1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I. Operator Barbara Fasken		Well API No. 30-025-05036
Address 303 W. Wall, Suite 1900, Midland, TX 79701-5116		
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain) Request for Test allowable of 1194 B0 for October, 1993 & 11,315 B0 for November, 1993 3500		
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
Recompletion <input type="checkbox"/>		
Change in Operator <input type="checkbox"/>		
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Wingerd	Well No. 2	Pool Name, Including Formation Gladiola Devonian	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter H : 1980 Feet From The North Line and 660 Feet From The East Line Section 24 Township 12-S Range 37-E, NMPM, Lea 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"/> Amoco Production Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 591, Tulsa, OK 74102					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1589, Tulsa, OK 74102					
If well produces oil or liquids, give location of tanks.	Unit 0	Sec. 24	Twp. 12	Rge. 37	Is gas actually connected? Yes	When ?

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 Res'v	Diff Res'v
				X				
Date Spudded 7-25-51	Date Compl. Ready to Prod. 10-21-93		Total Depth 11,855'		P.B.T.D. 11,798'			
Elevations (DF, RKB, RT, GR, etc.) 3875' GR	Name of Producing Formation Mississippian/Devonian		Top Oil/Gas Pay 11,142'		Tubing Depth 11,021'			
Perforations 11,142'-11,222', 11,770'-11,800'					Depth Casing Shoe 11,855'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	13-3/8"		334'		500			
12 1/4"	9-5/8"		4674'		625			
8-3/4"	7"		11855'		935			
	3 1/2"		11021'					

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 10-25-93	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 (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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. Drlq. & Oprns. Supt.
Printed Name
11-3-93 915-687-1777
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved NOV 17 1993
By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT 1 SUPERVISOR
Title

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) Submit Form C-104 must be filed for each pool in multiply completed wells.