

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  
1000 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

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

I. Operator Barbara Fasken		Well API No. 30-025-26773
Address 303 W. Wall, Suite 1900, Midland, TX 79701-5116		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR NOTIFY THIS OFFICE
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		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Hale State	Well No. 1-Y	Pool Name, Including Formation Midway Strawn	Kind of Lease (State) Federal or Fee	Lease No. B-2317
Location Unit Letter J : 2260 Feet From The South Line and 1650 Feet From The East Line Section 8 Township 17-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"/> Texas-New Mexico Pipeline Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2528, Hobbs, NM 88240					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> G.P.M. Corporation	Address (Give address to which approved copy of this form is to be sent) 4044 Penbrook, Odessa, TX 79762					
If well produces oil or liquids, give location of tanks.	Unit J	Sec. 8	Twp. 17-S	Rge. 37-E	Is gas actually connected? Yes	When? 6-18-93

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 <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 6-7-93	Date Compl. Ready to Prod. 6-9-93	Total Depth 11,875'	P.B.T.D. 10,934'					
Elevations (DF, RKB, RT, GR, etc.) 3796' RKB	Name of Producing Formation Strawn	Top Oil/Gas Pay 10,664'	Tubing Depth 10,934'					
Perforations 10,705'-10,771'	Depth Casing Shoe 11,875'							

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17½"	13-3/8"	438'	350
12¼"	8-5/8"	4450'	1700
7-7/8"	5½"	11875'	1700

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 6-9-93	Date of Test 6-19-93	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24	Tubing Pressure 300 psi	Casing Pressure 38 psi	Choke Size ---
Actual Prod. During Test	Oil - Bbls. 156	Water - Bbls. 0	Gas- MCF 432

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. Drilling & Operations Superintendent  
Printed Name  
6-21-93  
Date  
915-687-1777  
Telephone No.

OIL CONSERVATION DIVISION

Date Approved JUN 22 1993

By ORIGINAL SIGNED BY JERRY SEXTON

JUN 22 1993  
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.