	J. OF CUPICS						
	DISTRIBUTIO						
	SANTA FE						
	FILE						
	U.S.G.S.						
	LAND OFFICE						
	I RANSPORTER	OIL					
		GAS					
	OPERATOR						
.	PRORATION OF						
Ĭ	Operator						
	Barbara Fasken						
	Address						
	303 West Wall A						
	Reason(s) for filing (Check proper box						
	New Well	\Box					
	Recompletion						
	Change in Ownership XX						
	If change of ownership give name and address of previous owned av						

	DISTRIBUTION SANTA FE	NEW MEXICO OIL C	 Supersedes Old C-104 and C-11 						
- 1	FILE		Effective 1-1-65						
	U.S.G.S.	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS							
	LAND OFFICE								
	I RANSPORTER GAS								
	OPERATOR								
1.	PRORATION OFFICE Operator								
	Barbara Fasken								
	303 West Wall Avenue, Suite 1901 Midland, TX 79701-5116 Other (Please explain)								
	Reason(s) for filing (Check proper box)								
	New Well Recompletion	Oil Dry Gas							
	Change in Ownership XX	Casinghead Gas Conden	sate						
ı		d Fasken, 608 First Nati	onal Bank Building,	Midland, Texas 79701					
II.	DESCRIPTION OF WELL AND I	LEASE	Kind o	f Lease Lease No.					
	Lease Name	Well No. Pool Name, Including		Federal or Fee State B-2317					
	Hale State	1-Y Midway (Devonia	an)	0000					
	Unit Letter J 2260 Feet From The South Line and 1650 Feet From The East								
:		mahip 17-South Range 37	-East ,NMPM, [_ea					
111.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	S Address (Give address to which	approved copy of this form is to be sent)					
	Texas-New Mexico Pine	Line Company	P.O. Box 2528, Hol	obs, NM 88240					
	Name of Authorized Transporter of Cas	inghead Gas or Dry Gas	Address (Give address to which	approved copy of this form is to be sent)					
	None		Is gas actually connected?	When					
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Pige.	No	 					
	If this production is commingled wit COMPLETION DATA	th that from any other lease or pool,	give commingling order numbers New Well Workover Dee						
	Designate Type of Completion		I I I I						
	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.		OR ALLOWABLE (Test must be a able for this de		oad oil and must be equal to or exceed top allow					
	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					
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate					
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size					
VI.	CERTIFICATE OF COMPLIANCE		11	ERVATION COMMISSION					
	والمنت المنافع	regulations of the Oil Conservation	APPROVED						
		regulations of the Oil Conservation with and that the information given	THE OW PERRY SEXTON						
	above is true and complete to the	best of my knowledge and belief.							
			TITLE						
	A = C M		This form is to be fi	led in compliance with RULE 1104.					

VI.

Man	le	ر کے ر	Mobil (Signature)	en	
Charles Agent	E.	Mobley	(Signature)		
			(Title)		
		5-20-86	5		

(Date)

If this is a request for allowable for a newly drilled or deepener 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 allow able 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