

DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			

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-11
Effective 1-1-65

I.

Operator		David Fasken		
Address		608 First National Bank Building, Midland, Texas 79701		
Reason(s) for filing (Check proper box)		Other (Please explain)		
New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	OIL AND GAS MUST NOT BE PRODUCED IN THE POOL DESIGNATED BELOW IF YOU DO NOT CONCUR NOTIFY THIS OFFICE.	
Recompletion	<input type="checkbox"/>	Oil		<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas		<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>	
		Condensate	<input type="checkbox"/>	

If change of ownership give name
and address of previous owner

THIS WELL HAS BEEN PLACED IN THE POOL
DESIGNATED BELOW IF YOU DO NOT CONCUR
NOTIFY THIS OFFICE.

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Hale State	1-Y	Midway (devonian)	State, Federal or Fee State	B-2317
Location				
Unit Letter	J	Feet From The	South	Line and 1650
		Feet From The	East	
Line of 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"/>	Address (Give address to which approved copy of this form is to be sent)
P&O Falco				P.O. Box 108, Shreveport, La. 71161
Name of Authorized Transporter of Casinghead Gas	<input checked="" type="checkbox"/>	or Dry Gas	<input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
None				
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.
	J	8	17-S	37-E
				Is gas actually connected?
				No
				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		X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
4-18-80	6-22-80	11,875	11,860					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
3781 Gr	Devonian	11,800	11,695					
Perforations	Depth Casing Shoe							
11,800- 11,850	11,875							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2	13 3/8 Csg		438		250 Lite + 100 Class C			
12 1/2	8 5/8 Csg		4450		1500 Lite + 200 Class C			
7 7/8	5 1/2 Csg		11,875		375 Lite + 375 Class H			
	2 3/8 Tbg		11,695		+ 850 Lite + 100 Class C			

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.)	
6-22-80	6-27-80	Flowing	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 Hrs	68#	Packer	30/64
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
354.7	354.7	0	21

GAS WELL

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

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.

James E. Yeley James E. Yeley
(Signature)
Agent
(Title)
6-28-80
(Date)

OIL CONSERVATION COMMISSION

APPROVED JUL, 19
BY James E. Yeley
TITLE SUPERVISOR DISTRICT I

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 Form C-104 must be filed for each pool in multiple