

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

Operator DAVID FASKEN	
Address 608 First National Bank Building, Midland, Texas 79701	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain) 2/1/81 EXEMPTION TO R-4076	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Warren	Well No. 2	Pool Name, Including Formation Midway (Devonian)	Kind of Lease State, Federal or Fee Fee	Lease No. 17476
Location				
Unit Letter H	880	Feet From The East	Line and 2200	Feet From The North
Line of Section 8	Township 17-South	Range 37-East	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"/> P & O Falco	Address (Give address to which approved copy of this form is to be sent) Box 108, Shreveport, LA 71161					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> None	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 G	Sec. 8	Twp. 17-S	Rge. 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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
Date Spudded 8-16-80	Date Compl. Ready to Prod. 10-15-80		Total Depth 11,875'		P.B.T.D. 11,871'			
Elevations (DF, RKB, RT, GR, etc.) 3775.4' GR	Name of Producing Formation Devonian		Top Oil/Gas Pay 11,760'		Tubing Depth 95			
Perforations 11,760' - 11,794', 11,808' - 11,850'					Depth Casing Shoe 11,875'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"	13-3/8"		378'		350			
12-1/4"	8-5/8"		4,400'		1600			
7-7/8"	5-1/2"		11,875'		1850			

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 10-27-80 (Test. Allow.)	Date of Test 12-11-80	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24	Tubing Pressure -0-	Casing Pressure -0-	Choke Size None
Actual Prod. During Test	Oil-Bbls. 223	Water-Bbls. 12	Gas-MCF -0-

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. 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.

J. T. Lent Jr.
(Signature)
J. T. Lent, Jr., Agent
(Title)
December 12, 1980
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY Jessie N. Clements
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 multiple