

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-110  
Effective 1-1-65

I. Operator  
DAVID FASKEN  
Address  
608 First National Bank Building, Midland, Texas 79701  
Reason(s) for filing (Check proper box)  
New Well ☒ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐  
Other ☐ **UNRECOVERED GAS MUST NOT BE RELEASED AFTER 11/21/81 WITHOUT AN EXCEPTION TO R-4070 OBTAINED.**

If change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name Davoil State	Well No. 1	Pool Name, Including Formation Midway (Devonian)	Kind of Lease <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal or Fee	Lease No.
Location Unit Letter <u>I</u> ; <u>1980</u> Feet From The <u>South</u> Line and <u>990</u> Feet From The <u>East</u> Line of Section <u>8</u> Township <u>17-South</u> Range <u>37-East</u> , NMPM, <u>Lea</u> 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) P. O. 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 I	Sec. 8	Twp. 17-S	Rge. 37-E
Is gas actually connected?		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 <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 6-17-81	Date Compl. Ready to Prod. 9-20-81		Total Depth 11860' KB		P.B.T.D. 11850' KB			
Elevations (DF, RKB, RT, GR, etc.) 3780.1' GR	Name of Producing Formation Devonian		Top Oil/Gas Pay 11689' KB		Tubing Depth 11660' KB			
Perforations 11738'-59', 11769'-97', 11801'-09', 11811'20' KB					Depth Casing Shoe 11860' KB			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"	13-3/8"		412'		250 "C"-lite+100 "C"			
12-1/4"	8-5/8"		4465'		2000 "C"-lite+200 "C"			
7-7/8"	5-1/2"		11860'		1st - 500 sx "H"-lite+375 "H"			
			11660' KB		2nd - 850 "C"-lite+100 "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)

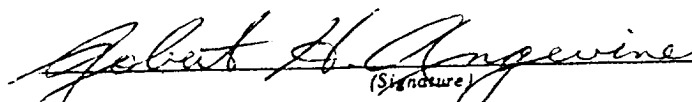
Date First New Oil Run To Tanks 9-21-81	Date of Test 9-24-81	Producing Method (Flow, pump, gas lift, etc.) Circulating Power Oil	
Length of Test 24 hrs	Tubing Pressure 125 psig	Casing Pressure 40 psig	Choke Size Open
Actual Prod. During Test 78	Oil-Bbls. 78	Water-Bbls. 4	Gas-MCF 0.47

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.



Robert H. Angevine, Agent  
(Title)

9-28-81

(Date)

OIL CONSERVATION COMMISSION

SEP 30 1981

APPROVED \_\_\_\_\_, 19\_\_\_\_

BY \_\_\_\_\_ Orig. Signed b

Jerry Sexton

TITLE \_\_\_\_\_ Dist. 1, Supr

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