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-1*
*Effective 1-1-65*

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

**Operator**

DAVID FASKEN

**Address**

608 First National Bank Building, Midland, Texas 79701

**Reason(s) for filing** *(Check proper box)*

| | | Change in Transporter of: | | | Other *(Please explain)* |
|---|---|---|---|---|---|
| New Well | ☐ | | | | Effective July 16, 1981 |
| Recompletion | ☐ | Oil | ☒ | Dry Gas ☐ | |
| Change in Ownership | ☐ | Casinghead Gas ☐ | | Condensate ☐ | |

If change of ownership give name
and address of previous owner _____

## II. DESCRIPTION OF WELL AND LEASE

| Lease Name | Well No. | Pool Name, Including Formation | Kind of Lease | Lease No. |
|---|---|---|---|---|
| Consolidated State | 2 | Wildcat (Strawn) | State, Federal or Fee   State | |

**Location**

Unit Letter __A__ ; __990__ Feet From The __North__ Line and __990__ Feet From The __East__

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 ☒ or Condensate ☐ | Address *(Give address to which approved copy of this form is to be sent)* |
|---|---|
| Texas-New Mexico Pipe Line Company | P. O. Box 2528, Hobbs, New Mexico 88240 |
| Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐ | Address *(Give address to which approved copy of this form is to be sent)* |
| No connection available | |

| If well produces oil or liquids, give location of tanks. | Unit | Sec. | Twp. | Rge. | Is gas actually connected? | When |
|---|---|---|---|---|---|---|
| | G | 8 | 17-S | 37-E | No | Phillips is testing gas volume & gas quality. |

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. |
|---|---|---|---|---|---|---|---|---|
| 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. 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.)* | |
|---|---|---|---|
| Length of Test | Tubing Pressure | Casing Pressure | Choke Size |
| Actual Prod. During Test | Oil - Bbls. | Water - Bbls. | Gas - MCF |

### 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.

_____
*(Signature)*

S. L. Parks, Agent
*(Title)*

7-16-81
*(Date)*

### OIL CONSERVATION COMMISSION

APPROVED _____ , 19 ____

BY _____
Jerry Sexton

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