

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-105
Effective 1-1-65

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:	EXEMPTED GAS MUST NOT BE TREATED AS PER UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.	
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"/>		

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Consolidated State	Well No. 2	Pool Name, including Formation Wildcat (Strawn)	Kind of Lease State, Federal or Fee State	Lease No.
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 <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> P & O Falco, Inc.	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"/> No connection available	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	Typ. 17-S	Rge. 37-E	Is gas actually connected? No	When 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 <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 Resrv. <input type="checkbox"/>	Diff. Resrv. <input type="checkbox"/>
Date Spudded 4-30-81	Date Compl. Ready to Prod. 7-2-81	Total Depth 11110'		P.B.T.D. 11047'					
Elevations (DF, RKB, RT, GR, etc.) 3801.3' RKB	Name of Producing Formation Strawn	Top Oil/Gas Pay 10721'		Tubing Depth 10632'					
Perforations 10725'-10833'				Depth Casing Shoe 11109'					
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
17-1/2"	13-3/8"		399'		250 Lite + 100 "C"				
12-1/4"	8-5/8"		4470'		2200 Lite + 250 "C"				
7-7/8"	5-1/2"		11109'		625 "H" + 800 "C"				
	2-3/8"		10632'						

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)

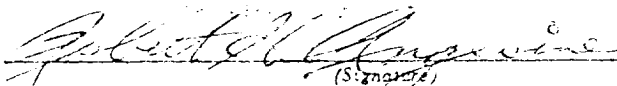
Date First New Oil Run To Tanks 7-2-81	Date of Test 7-13-81	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hrs	Tubing Pressure 1030#	Casing Pressure Pkr	Choke Size 9/64"
Actual Prod. During Test 236	Oil-Bbls. 236	Water-Bbls. -0-	Gas-MCF 280

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.

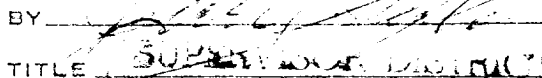

(Signature)

Robert H. Angevine, Agent
(Title)

7-14-81
(Date)

OIL CONSERVATION COMMISSION

APPROVED: **JUL 15**, 19**81**

BY: 
TITLE: **SUPERVISOR DISTRICT**

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