

DISTRIBUTION		
NTA FE		
LE		
S.G.S.		
AND OFFICE		
TRANSPORTER	OIL	
	GAS	
PERATOR		
ORATION OFFICE		
erator		

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 1-1-85

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:
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"/>

change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE		Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Lease Name	1	Undesignated Morrow	State, Federal or Fee	NM	14496
Location Unit Letter <u>G</u> : 1980 Feet From The <u>North</u> Line and 1980 Feet From The <u>East</u>					
Line of Section <u>31</u> Township <u>19-S</u> Range <u>34-E</u> , NMPM, <u>Lea</u> County					

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Navajo Crude Oil Purchasing Company	P.O. Box 175, Artesia, New Mexico	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Llano, Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1320, Hobbs, New Mexico	
If well produces oil or liquids, give location of tanks.	Unit <u>G</u> Sec. <u>31</u> Twp. <u>19-S</u> Rge. <u>34-E</u>	Is gas actually connected? <u>yes</u>	When <u>9-12-83</u> <u>9-22-83</u>

If this production is commingled with that from any other lease or pool, give commingling order number:


COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Designate Type of Completion - (X)			X	X					
Date Spudded 12-31-82	Date Compl. Ready to Prod. 3-30-83	Total Depth 13,690'		P.B.T.D. 13,599'					
Elevations (DF, RKB, RT, GR, etc.) 3651.6 R.K.B.	Name of Producing Formation Morrow	Top Oil/Gas Pay 13,514		Tubing Depth 13,470'					
Perforations 13,514 - 13,522, 4 JSPF, (0.33" dia. hole)				Depth Casing Shoe 13,690'					
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT					
17 1/2"	13 3/8"	400		300 Lite + 150 "C"					
12 1/4"	9 5/8"	5200		2300 Lite + 300 "C"					
8 3/4"	5 1/2"	13,690		1625 Lite + 300 "H"+200"C"					
	2 3/8"	13,470							

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		Bbls. Condensate/MMCF	Gravity of Condensate
Actual Prod. Test-MCF/D 2244	Length of Test 4	---	Dry Gas
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (shut-in) 4295	Casing Pressure (shut-in) Pkr.	Choke Size 12/64"

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)
September 12, 1983
(Date)

OIL CONSERVATION COMMISSION
SEP 27 1983
APPROVED _____, 19____
BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT SUPERVISOR
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

RECEIVED

SEP 13 1983

O.C.D.
HOBBS OFFICE

DEVIATION TESTS


DAVID FASKEN

LING FEDERAL NO. 1

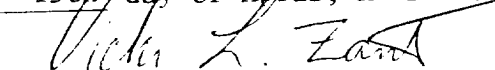
1980' FNL & 1980' FEL
Sec 31, T19S, R34E
Lea County, New Mexico

<u>DEPTH</u> <u>(Feet)</u>	<u>DEVIATION</u> <u>(Degrees)</u>
90	$\frac{1}{2}$
400	$\frac{1}{4}$
1000	1
1530	1
2095	1
2598	$\frac{3}{4}$
3100	$1\frac{1}{4}$
3605	$2-\frac{3}{4}$
3700	$3\frac{1}{4}$
3730	$3\frac{1}{2}$
3762	$2-\frac{3}{4}$
3823	$3\frac{1}{2}$
3886	$1-\frac{3}{4}$
3980	$2\frac{1}{2}$
4170	3
4248	$1-\frac{3}{4}$
4326	3
4389	3
4547	$3\frac{1}{2}$
4579	3
4674	$2-\frac{3}{4}$
4861	$2-\frac{3}{4}$
5175	$2\frac{1}{2}$
5288	1
5790	1
6193	$1\frac{1}{2}$
6668	$\frac{1}{4}$
7182	$\frac{1}{2}$
7674	$\frac{1}{2}$
8236	1
8742	1
9466	$1\frac{1}{4}$
10000	2
10821	$\frac{3}{4}$
11684	$\frac{1}{4}$
12067	$\frac{1}{2}$
12520	$\frac{3}{4}$
12837	$\frac{1}{2}$
13206	$\frac{1}{2}$
13380	$\frac{3}{4}$
13690	$\frac{3}{4}$

DAVID FASKEN


ROBERT H. ANGEVINE, Agent

Subscribed and sworn to before me this 15th day of April, A. D. 1982.


Vicki L. Zant, Notary Public
in and for the State of Texas

RECEIVED
SEP 13 1983
C.C.D.
HOBBS OFFICE

SEP 13 1983
HOBBS OFFICE

RECEIVED
SEP 13 1983
C.C.D.
HOBBS OFFICE