Submit 5 Copies
Appropriate District Office
DISTRICT! P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

Other (Please explain)

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

New Well

Recompletion

Change in Operator

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Operator Well API No. Barbara Fasken 30-025-30336 Address 303 W. Wall, Suite 1900, Midland, Texas 79701-5116 Reason(s) for Filing (Check proper box)

Change in Transporter of:

Casinghead Gas Condensate

Dry Gas

If change of operator give name and address of previous operator II. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including Formation Kind of Lease Lease No. Ling Federal Quail Ridge (Morrow) State, Federal or Fee NM14496 Location 1980 Unit Letter ___ Feet From The South Line and 660 Feet From The West Line Section 31 Township 19-S Range 34-E , NMPM, Lea County

X

II. DESIGNATION OF TRANSPORTI					Address (Give address to which	h approved copy of this form is to be sent)
Navajo Refining Company					P.O. Drawer 159,	Artesia, NM 88210
Name of Authorized Transporter of GPM Gas Corporation	Address (Give address to which approved copy of this form is to be sent) 4044 Pembrook, Odessa, TX 79762					
If well produces oil or liquids,	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When ?
give location of tanks. If this production is commingled with	G] 31	119-S	34-E		8-1-93

v. COMPLETION DATA Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v Diff Res'v Designate Type of Completion - (X) Date Spudded Date Compl. Ready to Prod. Total Depth P.R.T.D. Elevations (DF, RKB, RT, GR, etc.) Top Oil/Gas Pay Name of Producing Formation 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 (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 Tank 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 Tubing Pressure (Shut-in) Testing Method (pitot, back pr.) Casing Pressure (Shut-in) Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above

is true and complete to the best of my knowledge and belief. Signature Jinamy Davis Opers Drlq. Printed Name Title 8-10-93 915-687-1777 Date Telephone No.

OIL CONSERVATION DIVISION

ALIG 25 1993 Date Approved ___

ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR Title__

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.