

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other	5. Lease Designation and Serial No.
2. Name of Operator Barbara Fasken	6. If Indian, Allottee or Tribe Name
3. Address and Telephone No. 303 West Wall, Suite 1900 Midland, TX 79703	7. If Unit or CA, Agreement Designation NMNM33955
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Unit K Sec 23, T-20S, R-32E 1980' FSL & 1980' FWL	8. Well Name and No. #1 Baetz 23
	9. API Well No. 300252641400S1
	10. Field and Pool, or Exploratory Area Salt Lake Bone Springs
	11. County or Parish, State Lea County, NEW MEXICO

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION	
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input checked="" type="checkbox"/> Other requesting exception to the no flare rule	<input type="checkbox"/> Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Please refer to attached.

14. I hereby certify that the foregoing is true and correct		
Signed <u>Maryne Kirkpatrick</u>	Title <u>Production Analyst</u>	Date <u>July 26, 1993</u>
(This space for Federal or State office use)		
Approved by <u>David R. Glass</u>	Title <u>Petroleum Engineer</u>	Date <u>AUG 30 1993</u>
Conditions of approval, if any:		

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

*See Instruction on Reverse Side

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OUR RECORDS
OFFICE

APPLICATION FOR EXCEPTION TO NO-FLARE RULE 306

NFO Permit No. _____
(For Division Use Only)

- A. Applicant, Barbara Fasken,
whose address is 303 W. Wall, Suite 1900,
hereby requests an exception to Rule 306 for 365 (plus or minus) days or until
July 1, 19 94, for the following described tank battery (or LACT):
Name of Lease Baetz "23" #1 Name of Pool Salt Lake Bone Springs
Location of Battery: Unit Letter K Section 23 Township 20-S Range 32-E
Number of wells producing into battery One (1)
Five (5)
B. Based upon oil production of _____ barrels per day, the estimated volume
of gas to be flared is 3 MCF; Value 1.00 per day.
C. Name and location of the nearest gas gathering facility:
Vicinity of Phillips' Lusk Plant
D. Distance 6 miles Estimated cost of connection: \$90,000.00
E. This exception is requested for the following reasons:

- F. 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.

Maxine Kirkpatrick
Maxine Kirkpatrick
Production Analyst
(Title)
June 18, 1993
(Date)

Approved Until _____

NEW MEXICO OIL CONSERVATION DIVISION

By _____

Title _____

Date _____

*Gas-Oil ratio test may be required to verify estimated gas volume.

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OLD MOUNTAIN
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