

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

☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator

Barbara Fasken

3. Address and Telephone No.

303 W Wall, Suite 1900 Midland, TX 79701

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

Unit K Sec 23, T-20S, R-32E

1980/5 & 1980/10

5. Lease Designation and Serial No.

NM 33955

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

Baetz 23 #1

9. API Well No.

03-025-26414

10. Field and Pool, or Exploratory Area

Salt Lake Bone Spring

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

- iii) ☒ Notice of Intent
☐ Subsequent Report
☐ Final Abandonment Notice

TYPE OF ACTION

- | | |
|---|--|
| <input type="checkbox"/> Abandonment | <input type="checkbox"/> Change of Plans |
| <input type="checkbox"/> Recompletion | <input type="checkbox"/> New Construction |
| <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 see attached

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AUG 16 9 53 AM '93
CARTER
AREA

14. I hereby certify that the foregoing is true and correct

Signed Margie Kirkpatrick

Title Production Analyst (915) 687-1777

Date August 13, 1993

(This space for Federal or State office use)

Approved by David A. Glass

Title Deputy Area Engineer

Date AUG 30 1993

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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OFFICE

OIL CONSERVATION DIVISION

P. O. BOX 2000

SANTA FE, NEW MEXICO 87511

STATE OF NEW MEXICO

ENERGY AND MINERALS DEPARTMENT

Form C-129

Revised 10-1-78

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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OFFICE