

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-110
Effective 1-1-65

I.

Operator DAVID FASKEN	
Address 608 First Natl. Bank Bldg., Midland, TX 79701	
Reason(s) for filing (Check proper box)	Other (Pl. CASINGHEAD GAS MUST NOT BE PLACED AFTER 1/7/80 UNLESS AN EXCEPTION TO R-4670 IS OBTAINED.)
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"/>

If change of ownership give name and address of previous owner

THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR
NOTIFY THIS OFFICE

II. DESCRIPTION OF WELL AND LEASE

Lease Name Baetz "23"	Well No. 1	Pool Name, including Formation Wildcat --- Bone Springs	Kind of Lease State <u>Federal</u> or Fee	Lease No. NM 33955
Location Unit Letter <u>K</u> ; 1980 Feet From The <u>South</u> Line and 1980 Feet From The <u>West</u> Line of Section <u>23</u> Township <u>20-South</u> Range <u>32-East</u> , NMPM, <u>Lea</u> 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"/> Western Crude Oil Incorporated	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1142, Midland, TX 79702	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> No Connection	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 <u>K</u>	Sec. <u>23</u>
	Twp. <u>20-S</u>	Rge. <u>32-E</u>
	Is gas actually connected? <u>No</u> When <u>Possibly March 1980</u>	

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 Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 8/3/79	Date Compl. Ready to Prod. 11/7/79		Total Depth 13,640'		P.B.T.D. 10,403'			
Elevations (DF, RKB, RT, GR, etc.) 3564' KB	Name of Producing Formation Bone Springs		Top Oil/Gas Pay 10,196'		Tubing Depth 9,995'			
Perforations 10,288'-292' (5 jets) & 10,353'-362' (10 jets)					Depth Casing Shoe 10,483'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
26"	20"		1115'		1340 "C" Circ.			
17-1/2"	13-3/8"		2990'		2000 Lite + 400 "C"			
12-1/4"	9-5/8"		5100'		1000 Lite + 300 "C"			
8-1/2"	4-1/2"		10483'		2000 "H" + 365 "C"			

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 Tanks 11/7/79	Date of Test 11/9/79	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24	Tubing Pressure 170	Casing Pressure Packer	Choke Size 18/64"
Actual Prod. During Test 163	Oil-Bbls. 163	Water-Bbls. None	Gas-MCF 187

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.

Robert H. Angevine

(Signature)

Agent

(Title)

11/12/79

(Date)

OIL CONSERVATION COMMISSION

APPROVED

BY

TITLE

SUPERVISOR DISTRICT I

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

iv. completion data (continued)

<u>Hole Size</u>	<u>Casing & Tubing Size</u>	<u>Depth Set</u>	<u>Sacks Cement</u>
4½"	2-3/8"	9988'	Bottom Of Packer @ 9995'

RECEIVED
NOV 1962
G.C.D. HOBBS, OFFICE