Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico
Luergy, 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

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

l.		J IKAN	1570	n I UIL	AND NATUR	TAL GA		DI No			
Operator Barbara Fasken						Weil API No. 3002527407					
Address	,		 				1 300	2721401			
303 W. Wall Ave.,	Suite 190	00 M	idlar	nd, T	X 79702						
Reason(s) for Filing (Check proper box)	•				Other (Pl	ease expla	in)				
New Well		hange in Ti	-	er of:							
Recompletion	Oil Contactor of C		ondensa		Operator	Chang	e effec	tive 2-	1-90		
	Casinghead C				Pov 670 I	Iobba	NM 8	8240			
nd address of previous operator	evron 0.5.	A., 11	nc.,	r. o.	Box 670 I	iobbs,	INPI O	0240		····	
II. DESCRIPTION OF WELL	L AND LEAS	E									
Lease Name		/ell No. P	ool Nan	ne, Includi	ng Formation			of Lease Federal or Fed	.	ease No.	
East Hat Mesa Ata	te Unit !	1	Hat	Mesa	(Morrow)	·····			LG-98	7	
	: 1980	v :	T	The N	orth_Line and	109	ın _{E-}	at Easen The S	Jost	Line	
Unit LetterF	:1900	г	ee rioi	n ine <u>11</u>	OT CII Line and		re	et From The 3	rest	Line	
Section 7 Towns	hip 21S	R	lange	3	3E , NMPM	1			Lea	County	
III. DESIGNATION OF TRA	NCDODTED	OF OIL	A NID	NIA TITI	DAT CAS						
Name of Authorized Transporter of Oil		r Condensa	-	X)	Address (Give add	tress to wh	ich approved	copy of this fo	orm is to be se	nt)	
Permian Corporati	on Pride	Pipel	يسنا	<u>. </u>	P. O. Box	31430		d. TX		9604	
Name of Authorized Transporter of Casinghead Gas or Dry Gas X El Paso Natural Gas Company					Address (Give address to which approved copy of this form is to be sent) P. O. Box 1492 El Paso, TX 79999					nt)	
If well produces oil or liquids,		ec. T	wp. 21S	Rge.	Is gas actually con	nected?	When	? 12-82			
give location of tanks.				33E	Yes			12-02			
f this production is commingled with the IV. COMPLETION DATA	it from any other	lease or po	oi, give	commingi	ing order number:						
		Oil Well	Ga	s Well	New Well Wo	rkover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completio									<u> </u>		
Date Spudded	Date Compl.	Date Compl. Ready to Prod.				Total Depth			P.B.T.D.		
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
3.0144.01.01.01.01.01.01.01.01.01.01.01.01.01.											
Perforations								Depth Casin	g Shoe		
	erw 1	DDIG C	IA CINI	CAND	CEMENTING	DECOR	<u> </u>	<u> </u>			
HOLE SIZE		TUBING, CASING AND CASING & TUBING SIZE				TH SET	<u> </u>	T .	SACKS CEM	ENT	
HOLE SIZE	- OAGII								S. IOITO GENERAL		
	500 500 41		N 173		<u> </u>			. <u>.</u> .			
V. TEST DATA AND REQUI				l and must	he equal to or exce	ed top alle	wahle for thi	r denth or he	for full 24 hou	ec)	
OIL WELL (Test must be after recovery of total volume of load oil and must 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.	O'l Di				Water - Bbls.			Gas- MCF		
Actual Prod. During Test	Oil - Bois.				Water - Bois.			32			
GAS WELL	!				I						
Actual Prod. Test - MCF/D	Length of Ter	st			Bbis. Condensate/	MMCF		Gravity of C	Condensate		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
								<u> </u>			
VI. OPERATOR CERTIFI				CE		CON	ISERV	MOITA	DIVISIO	M	
I hereby certify that the rules and reg Division have been complied with an					0.12	. 001	IOLI I V				
is true and complete to the best of m			40010		Doto Ar	nrovo	4	JAI	V3019	विध	
1 1/1/					Date Ap	hiove	u				
- Service					By	DRIGINA	AL SKENIER	BY JERRY	A		
Signature Lee Parks	Dunch	acina	A ~ ~ ~ ·	+	By	1	ISTRICT I	PA TENEA	S≣XIQN ®		
Printed Name	FUICII	asing T	Line UREII	<u> </u>	Title			ma men etagh,	• 10		
1-25-90	(915)	687-1	777.]						

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.