

Submit 5 Copies
Appropriate District Office
DISTRICT I
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

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

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87400

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I. O. C. D. TO TRANSPORT OIL AND NATURAL GAS

Operator Fred Pool Drilling, Inc.	Well API No. 30-015-10235
Address P.O. Box 1393, Roswell, N.M. 88201	
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: <input type="checkbox"/> Other (Please explain) Recompletion <input type="checkbox"/> re-entry <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator	

CASINGHEAD GAS MUST NOT BE
FLARED AFTER 10/18/89
UNLESS AN EXCEPTION TO:
RULE 306 IS OBTAINED

II. DESCRIPTION OF WELL AND LEASE

Lease Name RJ "A" J.	Well No. 9	Pool Name, including Formation Turkey Trk, S-C-SA	Kind of Lease State, Federal or Private	Lease No. B 7717
Location Unit Letter K : 1470 Feet From The South Line and 2420 Feet From The West Line Section 1 Township 19S Range 29E, NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Navajo Refining <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. Drawer 159 Artesia, N.M. 88210					
Name of Authorized Transporter of Casinghead Gas Phillips <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) Bartlesville, Okla. 74005					
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 1	Twp. 19S	Rge. 29E	Is gas actually connected? <input checked="" type="checkbox"/>	When? 8-18-89

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 X	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 6-28-89	Date Compl. Ready to Prod. 7-12-89	Total Depth 2556'	X	X		P.B.T.D.	2516'	
Elevations (DF, RKB, RT, GR, etc.) 3412' Gr	Name of Producing Formation Queen	Top Oil/Gas Pay 2360'				Tubing Depth 2325'		
Perforations 2360-88						Depth Casing Shoe 2556'		
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE 12 1/2	CASING & TUBING SIZE 7"	DEPTH SET 350'				SACKS CEMENT		
7 7/8	4 1/2	2556'				200 sx Hal Lite		
						300 sx 50/50 POZ		
	2 3/8	2325'						

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (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 7-15-89	Date of Test 7-15-89	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24hrs.	Tubing Pressure 35	Casing Pressure 35	Choke Size NA
Actual Prod. During Test	Oil - Bbls. 22	Water - Bbls. 42	Gas - MCF 10

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	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.

Fred Pool
Signature
Fred Pool Vice President
Printed Name Title
July 19, 1989 623-8202
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved AUG 17 1989

By ORIGINAL SIGNED BY
MIKE WILLIAMS
Title SUPERVISOR, DISTRICT II

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.