

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

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

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

State of New Mexico
Energy, Minerals and Natural Resources Department

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

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

RECEIVED

SEP 2 1992

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

| | |
|---|---|
| Operator Fortson Oil Company | Well API No. 30-015-27071 |
| Address 301 Commerce Street, Suite 3301, Fort Worth, Texas 76102 | |
| Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain) | |
| 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 Operator <input type="checkbox"/> | Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> |

If change of operator give name
and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|--|---------------|---|--|---------------------|
| Lease Name Pinnacle State | Well No. 1 | Pool Name, Including Formation Herradura Bend, East Delaware | Kind of Lease (State, Federal or Fee) | Lease No. V-3479 |
| Location Unit Letter E : 1650 Feet From The North Line and 330 Feet From The West Line Section 36 Township 22 South Range 28 East, NMPM, Eddy 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"/> Pride Pipeline Co. | Address (Give address to which approved copy of this form is to be sent) P. O. Box 2436, Abilene, Texas 79604 | | | |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> TransWestern Pipeline Co. | Address (Give address to which approved copy of this form is to be sent) P. O. Box 1188, Houston, Texas 77251-1188 | | | |
| If well produces oil or liquids, give location of tanks. | Unit L | Sec. 36 | Twp. 22S | Rge. 28E |
| Is gas actually connected? | When? | | | 9/18/92 |

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 | New Well <input checked="" type="checkbox"/> | Workover | Deepen | Plug Back | Same Res'v | Diff Res'v |
| Date Spudded 8/9/92 | Date Compl. Ready to Prod. 9/17/92 | | Total Depth 6400' | | P.B.T.D. 6347' | | | |
| Elevations (DF, RKB, RT, GR, etc.) 3104' GR | Name of Producing Formation Delaware | | Top Oil/Gas Pay 6184' | | Tubing Depth 6037' | | | |
| Perforations 6184' - 6210' | | | | | Depth Casing Shoe 6397' | | | |
| TUBING, CASING AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE 12 1/4" 7 7/8" | CASING & TUBING SIZE 8 5/8" 5 1/2" | | DEPTH SET 565' 6397' | | SACKS CEMENT 320 sacks First 425, 2nd 1000 | | | |

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 9/17/92 | Date of Test 9/18/92 | Producing Method (Flow, pump, gas lift, etc.) Flowing | |
| Length of Test 24 hours | Tubing Pressure 260 | Casing Pressure 1400 | Choke Size 14/64" |
| Actual Prod. During Test 62 barrels of oil | Oil - Bbls. 62 | Water - Bbls. 245 | Gas - MCF 104 |

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.

Signature
Sheryl L. Jonas
Printed Name
Sheryl L. Jonas
Agent for Fortson Oil Co.
Title
Spetember 24, 1992
Date
(915) 683-5511
Telephone No.

OIL CONSERVATION DIVISION

Date Approved
OCT 1 8 1992

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.