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Appropriate District Office  
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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

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O. C. D.  
ARTESIA OFFICE

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

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up

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator Fortson Oil Company	Well API No. 30-015-27093
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	

I. DESCRIPTION OF WELL AND LEASE

Lease Name Pinnacle State	Well No. 4	Pool Name, Including Formation East Herradura Bend Delaware	Kind of Lease State, <del>Recompletion</del>	Lease No. V-3479
Location Unit Letter <u>F</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>1650</u> Feet From The <u>West</u> Line Section <u>36</u> Township <u>22 South</u> Range <u>28 East</u> , NMPM, <u>Eddy</u> County				

II. 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 Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2436, Abilene, TX 79604					
Name of Authorized Transporter of Casinghead Gas <input 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, TX 77251-1188					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When?
	L	36	22S	28E	Yes	12/7/92
If this production is commingled with that from any other lease or pool, give commingling order number:						

V. 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 9/3/92	Date Compl. Ready to Prod. 12/5/92		Total Depth 6390'		P.B.T.D. 6302'			
Elevations (DF, RKB, RT, GR, etc.) 3118 GR	Name of Producing Formation Delaware		Top Oil/Gas Pay 6000'		Tubing Depth 5901'			
Perforations 6000 - 6016 (66 Holes)					Depth Casing Shoe 6389'			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	553'	600
7 7/8"	5 1/2"	6390'	Staged: Total 1475
5 1/2"	2 7/8"	5901'	D.V. Tool at 4190'

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 12/5/92	Date of Test 12/10/92	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24	Tubing Pressure 1625	Casing Pressure 1780	Choke Size 18/64
Actual Prod. During Test	Oil - Bbls. 171	Water - Bbls. 11	Gas - MCF 1730

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 Agent  
Printed Name Sheryl L. Jonas Title  
Date 12/17/92 Telephone No. (915) 683-5511

OIL CONSERVATION DIVISION

Date Approved DEC 30 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.