

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED

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SANTA FE	7
FILE	1
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL 1 GAS 1
OPERATOR	1
PRODUCTION OFFICE	

APR 14 1980

Operator  
**Fred Pool Drlg. Co.**

Address  
**409 White Bldg. Roswell, N.M. 88201**

Reason(s) for filing (Check proper box)  
 New Well       Change In Transporter of:  
 Recompletion       Oil       Dry Gas   
 Change In Ownership       Casinghead Gas       Condensate

Other (Please explain)  
**CASINGHEAD GAS MUST NOT BE FLARED AFTER 6-3-80 UNLESS AN EXCEPTION TO RULE 308 IS OBTAINED**

O. C. D.  
ARTESIA, OFFICE

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name <b>Plains State</b>	Well No. <b>11</b>	Pool Name, including Formation <b>San Andres</b>	Kind of Lease State, Federal or Fee	State <b>State</b>	Lease No. <b>K-2114</b>
Location Unit Letter <b>H</b> <b>2310</b> Feet From The <b>N</b> Line and <b>330</b> Feet From The <b>E</b>					
Line of Section <b>16</b> Township <b>11S</b> Range <b>28 E</b> NMPM, <b>Chaves</b> County					

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <b>Navajo Crude Oil Purchasing Co.</b>	Address (Give address to which approved copy of this form is to be sent) <b>Artesia, N.M.</b>				
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	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 <b>6</b>	Sec. <b>16</b>	Twp. <b>11S</b>	Rge. <b>28 E</b>	Is gas actually connected?      When

If this production is commingled with that from any other lease or pool, give commingling order number:

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 <b>12-2-79</b>	Date Compl. Ready to Prod. <b>4-3-80</b>		Total Depth <b>2278 ft.</b>			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.) <b>3737.97 GL</b>	Name of Producing Formation <b>San Andres</b>		Top Oil/Gas Pay <b>2150 2193</b>			Tubing Depth <b>2160 ft.</b>		
Perforations <b>2193-2254      36 holes</b>						Depth Casing Shoe <b>2278 ft.</b>		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
11"	8 5/8"	287 ft.	150 sx Class C
8"	7"	521 ft.	50 sx Class C
6"	4 1/2"	2287 ft.	300sx 50/50POZ
	2 3/8"	2160 ft.	none

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 Tanks <b>4-3-80</b>	Date of Test <b>4-3-80</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Travelling Barrell Pump</b>	
Length of Test <b>24 hrs.</b>	Tubing Pressure <b>475 PSI</b>	Casing Pressure <b>205 PSI</b>	Choke Size <b>1 1/8"</b>
Actual Prod. During Test <b>11 BBLs.</b>	Oil-Bbls. <b>11</b>	Water-Bbls. <b>0</b>	Gas-MCF <b>0</b>

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MNCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

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-Janez*  
(Signature)  
Secretary  
4-11-80  
(Date)

OIL CONSERVATION DIVISION

APPROVED **APR 15 1980**  
BY *W.A. Gessert*  
SUPERVISOR, DISTRICT II

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 deviatik 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 completed wells.