

## OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

RECEIVED

JUL 22 1981

O. C. D.  
ARTESIA, OFFICEREQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES DESIRED	
DISTRIBUTION	
SANTA FE	7
FILE	1
U.S.U.	
LAND OFFICE	
TRANSPORTER	OIL 1
	GAS
OPERATOR	1
REGISTRATION OFFICE	
Operator	

Fred Pool Operating Co. ✓

Address

Clovis Star Rt. Box 1300, 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)

If change of ownership give name  
and address of previous owner

Fred Pool Drilling Co. same address

## DESCRIPTION OF WELL AND LEASE

Lease Name <b>Plains State</b>	Well No.: <b>2</b>	Pool Name, including Formation <b>W. P. Chisum, S.A.</b>	Kind of Lease State, Federal or Fee <b>State</b>	Lease No. <b>2114</b>
Location				
Unit Letter <b>H</b>	<b>1650</b>	Feet From The <b>H</b>	Line and <b>290</b>	Feet From The <b>B</b>
Line of Section <b>16</b>	Township <b>11S</b>	Range <b>28E</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"/>	Address (Give address to which approved copy of this form is to be sent)	
<b>Havajo Crude Oil Purchasing Co.</b>	<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>H</b> Soc. <b>16</b> Twp. <b>11S</b> Rge. <b>28E</b>	Is gas actually connected? <input type="checkbox"/> 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't. <input checked="" type="checkbox"/> Diff. Res't. <input type="checkbox"/>		
Date Spudded <b>10/1/76</b>	Date Compl. Ready to Prod. <b>3/12/77</b>	Total Depth <b>2229 ft.</b>	P.B.T.D.
Elevations (DE, RKB, RT, GR, etc.) <b>3715.0</b>	Name of Producing Formation <b>San Andres</b>	Top Oil/Gas Pay <b>2140-2111</b>	Tubing Depth <b>2120</b>
Perforations <b>0 H 2111-2229</b>			Depth Casing Shoe <b>2111</b>

## TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<b>10 1/2</b>	<b>8 5/8</b>	<b>350 ft.</b>	<b>125 sacks</b>
<b>8</b>	<b>5 1/2</b>	<b>2111</b>	<b>100 sacks</b>
<b>5</b>	<b>2 3/8</b>	<b>2120</b>	

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>3/15/77</b>	Date of Test <b>3/16/77</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Flowing</b>	
Length of Test <b>24 hrs.</b>	Tubing Pressure <b>50 #</b>	Casing Pressure <b>2800</b>	Choke Size <b>23/64</b>
Actual Prod. During Test <b>30 to 50 # tubing</b>	Oil - Bbls. <b>36</b>	Water - Bbls. <b>0</b>	Gas - MCF <b>80</b>

## GAS WELL

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

## I. 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.

Secretary

7-1-81

(Date)

(Date)

## OIL CONSERVATION DIVISION

SEP 1 1981

APPROVED

BY

TITLE **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 deep well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for a well on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of conditions. Separate Forms C-104 must be filed for each pool in multi-