ENERGY AND MINERALS DEPARTMENT

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TRANSPORTER OIL		
TRANSPORTER GAS		
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PRORATION OFFICE		

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-1-78

RECEIVED

OCT 5 1981

O. C. D.
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator: Fred Pool Operating Co.

Address: Clovis Star Rt., Box 1300, Roswell, N.M. 88201

Reason(s) for filing (Check proper box)

- New Well
- Recompletion
- Change in Ownership

Designate Transporter of:

- Oil
- Casinghead Gas [X]
- Dry Gas
- Condensate

Other (Please explain)

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease
Plains State	2	E.Chisum, S.A.	State, Federal or Fee State K 2114	

Location: Unit Letter H : 1650 Feet From The N Line and 990 E Feet From The E

Line of Section 16 Township 11 S Range 28 E, NMPM, Chaves County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [X] or Condensate [ ]	Address (Give address to which approved copy of this form is to be sent)
Navajo Crude Oil ~~Hauling~~ Purchasing Co.	Box 159 Artesia, N.M. 88210
Name of Authorized Transporter of Casinghead Gas [X] or Dry Gas [ ]	Address (Give address to which approved copy of this form is to be sent)
Mapco	1800 Baltimore, Tulsa, Ok 74119

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	H	16	11S	28E	yes	9-1-81

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resv.	Diff. Res.
	X	X	X				X	

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
10-1-76	3-10-77	2229	-

Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
3715.0 GL	San Andres	2111	2120

Perforations	Depth Casing Shoe
Open Hole 2111-2229 ft.	2111

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
10½	8 5/8	350 ft.	125 sx Cl C
8	5½	2111	100 sx "
5	2 3/8	2120	none

TEST DATA AND REQUEST FOR ALLOWABLE

(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)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
3-15-77	3-16-77	flowing

Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24hrs.	50#	280 #	13/64 Posted ID-3

Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
24hrs.	36	0	80 MCF-Add CGT-MAPCO 10-9-81

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
3.80	24hrs.	36	-

Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Producing	20#	20#	open

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.

Peter Pool
(Signature)

Secretary
(Title)

9-16-81
(Date)

OIL CONSERVATION DIVISION

APPROVED OCT 9 1981, 19

BY W. A. Gressett

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 deepe well, this form must be accompanied by a tabulation of the devia tests taken on the well in accordance with RULE 111.

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

Fill out only Sections I, II, III, and VI for changes of ow well name or number, or transporter, or other such change of condit

Separate Forms C-104 must be filed for each pool in mult completed wells.