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REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Fred Pool Drilling, Inc.	
Address Box 1393 Roswell, N.M. 88201	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	name change only
If change of ownership give name and address of previous owner: <u>no ownership change Fred Pool Drilling, Inc.</u>	

1. DESCRIPTION OF WELL AND LEASE				
Lease Name Plains State	Well No. 3	Pool Name, including Formation East Chisum SA	Kind of Lease State, Federal or Fee state	Lease K 211
Location Unit Letter J : 2310 Feet From The S Line and 2310 Feet From The East				
Line of Section 16 Township 1S Range 28E, NMPM, Chaves County				

2. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS				
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Crude Oil Purchasing Co.		Address (Give address to which approved copy of this form is to be sent) Box 159 Artesia, N.M. 88210		
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Liquid Energy Corp		Address (Give address to which approved copy of this form is to be sent) Box 1589 The Woodlands, Texas 77380-		
If well produces oil or liquids, give location of tanks.	Unit J	Sec. 16	Twp. 11S	Rge. 28E
		is gas actually connected? yes		When 9-1-81

If this production is commingled with that from any other lease or pool, give commingling order number:									
3. COMPLETION DATA									
Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. R.
Date Spudded	Date Compl. Ready to Prod.	Total Depth				P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay				Tubing Depth			
Perforations						Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
			Post ID-3
			5-16-85
			Chg Op Name

4. 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 of hole for this depth or be for full 24 hours)			
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

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

5. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION DIVISION MAY 3 1985	
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.		APPROVED _____, 19____	
Secretary 4-10-85		Original Signed By Les A. Clements Supervisor District II	
(Signature)		TITLE _____	
(Title)		This form is to be filed in compliance with RULE 1104.	
(Date)		If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the device tests taken on the well in accordance with RULE 111.	
		All sections of this form must be filled out completely for all wells on new and recompleted wells.	
		Fill out only Sections I, II, III, and VI for changes of oil well name or number, or transporter, or other such change of conditions.	
		Separate Forms C-104 must be filed for each pool in multi-completed wells.	