

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

RECEIVED BY

JUN 11 1984

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

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SANTA FE	<input checked="" type="checkbox"/>
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U.S.G.B.	
LAND OFFICE	
TRANSPORTER	<input checked="" type="checkbox"/>
OIL	<input checked="" type="checkbox"/>
GAS	<input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
PRODUCTION OFFICE	

Operator
Fred Pool Operating Company ✓Address
Post Office Box 1393, Roswell, New Mexico 88201

Reason(s) for filing (Check proper box)

New Well ☐Recompletion ☐Change in Ownership ☐

Change in Transporter of:

Oil ☐Casinghead Gas ☒Dry Gas ☐Condensate ☐

Other (Please explain)

EX # 2-759

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Plains State	Well No. 5	Pool Name, including Formation East Chisum, S.A.	Kind of Lease State, Federal or Fee State	Lease No. K 2114
Location Unit Letter <u>G</u> : <u>2310</u> Feet From The <u>North</u> Line and <u>1650</u> Feet From The <u>East</u> Line of Section <u>16</u> Township <u>11S</u> Range <u>28E</u> , NMPM, <u>Chaves</u> County				

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 <i>Purchasing Co.</i>	Address (Give address to which approved copy of this form is to be sent) POB 159, Artesia, New Mexico 88210	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Liquid Energy Corporation	Address (Give address to which approved copy of this form is to be sent) POB 4000, The Woodlands, Texas 77380	
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 16
	Twp. 11S	Rge. 28E
	Is gas actually connected? <u>Yes</u> When <u>9/10/81</u>	

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 checked="" 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 checked="" type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 8/01/77	Date Compl. Ready to Prod. 9/04/77		Total Depth 2400		P.B.T.D. 2260			
Elevations (DF, RKB, RT, CK, etc.) 3694.45 GL	Name of Producing Formation San Andres		Top Oil/Gas Pay 2172		Tubing Depth 2154			
Perforations 2172, 73, 74, 77, 78, 98, 99 and 2200, 07, 08, 09, 12, 13, 2214, 15, 16, 34, 35					Depth Casing Shoe -			

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
11"	8 5/8	292	125 sx Class C
7 7/8	5 1/2	2400	120 sx Class C
	2 3/8	2154	-

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 9/4/77	Date of Test 9/8/77	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs.	Tubing Pressure 20#	Casing Pressure 20#	Choke Size None
Actual Prod. During Test 31	Oil-Bbls. 31	Water-Bbls. 0	Gas-MCF 80 mcf

GAS WELL

Actual Prod. Test-MCF/D 3.84	Length of Test 24 hrs.	Bbls. Condensate/MMCF 31	Gravity of Condensate -
Testing Method (pilot, back pr.) Producing	Tubing Pressure (shut-in) 20#	Casing Pressure (shut-in) 20#	Choke Size Open

CERTIFICATE OF COMPLIANCE

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)

Production Secretary

(Title)

June 8, 1984

(Date)

OIL CONSERVATION DIVISION

JUN 11 1984

APPROVED _____, 19

BY

TITLE

OIL AND GAS INSPECTOR

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 deviated
tests taken on the well in accordance with RULE 111.All sections of this form must be filled out completely for allow-
able on new and recompleted wells.Fill out only Sections I, II, III, and VI for changes of own-
er, well name or number, or transporter, or other such change of conditio-Separate Forms C-104 must be filled for each pool in multiple
completed wells.