

## OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104  
Revised

RECEIVED BY

APR 12 1985

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

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
U.S.G.B.		
LAND OFFICE		
TRANSPORTER	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
OPERATION	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
PRODUCTION OFFICE		

Operator

Fred Pool Drilling, Inc. ✓

Address

Box 1393 Roswell, N.M. 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)

name change only

If change of ownership give name  
and address of previous owner

No ownership change

## II. DESCRIPTION OF WELL AND LEASE

Lease Name Plains State	Well No. 5	Pool Name, Including Formation E.Chisum SA	Kind of Lease State, Federal or Fee state	Lease K 211
Location				
Unit Letter G	2310	Feet From The N	Line and 1650	Feet From The E
Line of Section 16	Township 11S	Range 28E	NMPM, Chaves	Cou.

## III. 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 Woodland, Texas 77380			
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 16	Twp. 11S	Rge. 28E
Is gas actually connected?			When	
yes			9-1-81	

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

## IV. 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, RAB, 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
			5-10-85
			Chg. Ap. Name

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 c  
able 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

## 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.  
(Signature)

Secretary

(Title)

4-10-85

(Date)

## OIL CONSERVATION DIVISION

MAY 3 1985

APPROVED \_\_\_\_\_, 19\_\_\_\_

BY \_\_\_\_\_

Original Signed By

Les A. Clements

Supervisor District II

TITLE \_\_\_\_\_

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