STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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TRANSPORTER GAS		
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OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-1-78

RECEIVED
AUG 06 1981
O. C. D.
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator
Fred Pool Operating Co.

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

Reason(s) for filing (Check proper box)

New Well		Change in Transporter of:	
Recompletion		Oil	Dry Gas
Change in Ownership	X	Casinghead Gas	Condensate

Other (Please explain)

If change of ownership give name and address of previous owner: Fred Pool Drilling, Inc.

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
White	1	E. Chisum, San Andres	State, Federal or Fee Fee	

Location
Unit Letter E ; 330 Feet From The N Line and 330 Feet From The W
Line of Section 10 Township 11S Range 28E , NMPM, Chaves County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil X or Condensate
Navajo Crude Oil Purchasing Co.
Address (Give address to which approved copy of this form is to be sent)
Artesia, N.M. 88210

Name of Authorized Transporter of Casinghead Gas or Dry Gas
None
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	Sec.	Twp.	Rge.	Is gas actually connected?	When
	E	10	11S	28E		

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. Re
	X		X					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
7-17-78	9-1-78	2267 ft.	2258 ft.

Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
GL 3730.0	San Andres	2221	2120 ft.

Perforations	Depth Casing Shoe
2221-2241 20 shots, 1/ft.	2267 ft.

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
11"	8 5/8	325 ft.	150 sx. Class C
7 7/8	4½	2256 ft.	300 sx. 50/50 poz
6 1/8	2 3/8	2120 ft.	

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.)
9-1-78	9-5-78	traveling barrel pump, 1½ x 2 x 10 ft.

Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24hrs.	150	150	None

Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
5 bbls.	5	1	20 MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate

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

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.

Betty Gail
(Signature)

Secretary
(Title)

8-1-81
(Date)

OIL CONSERVATION DIVISION

APPROVED SEP 1 1981, 19

BY W. A. Grassett

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

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

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

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