

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

Revised 10-1-78

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

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED

APR 22 1980

O. C. B.  
ARTESIA OFFICE

Fred Pool Dring. Co.

Address  
409 White Bldg. Roswell, N.M. 88201

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input checked="" type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Coalinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

CASINGHEAD GAS MUST NOT BE  
FLARED AFTER 6-1-80  
UNLESS AN EXCEPTION TO RULE 306  
IS OBTAINED

If change of ownership give name  
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name <del>Sam</del> Sam	Well No. 1	Pool Name, Including Formation East Chisum San Andres	Kind of Lease State, Federal or Fee FEE	Lease No.
Location Unit Letter P : 330 Feet From The S Line and 330 Feet From The E Line of Section 4 Township 11S Range 28 E, NMPM, Chaves County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input 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) Artesia, N.M.	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	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 P	Sec. 4
	Twp. 11S	Rge. 28E
	Is gas actually connected? When	

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 type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Restv. <input type="checkbox"/>	Diff. Restv. <input type="checkbox"/>
Date Spudded 12-20-78	Date Compl. Ready to Prod. 1-4-80	Total Depth 2342		P.B.T.D. 2339 ft.				
Elevations (DF, RKB, RT, GR, etc.) 3738.92 GL	Name of Producing Formation San Andres	Top Oil/Gas Pay 2234 2339		Tubing Depth 2294				
Perforations m 2234-2270 San Andres			Depth Casing Shoe -					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
11"	8 5/8"	320 ft.	150 sx Cl. C 2% CaCl
7 7/8"	4 1/2"	2340 ft.	75 sx Self-Stress
			75 sx Cl. C
	2 3/8"	2294 ft.	

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 allow.  
cbl. for this depth or be for full 24 hours.)

Date First New Oil Run To Tanks 1-10-80	Date of Test 1-9-80	Producing Method (Flow, pump, gas lift, etc.) Travelling Barrell Pump	
Length of Test 24 hrs.	Tubing Pressure 400PSI	Casing Pressure 300 PSI	Choke Size 0
Actual Prod. During Test 3	Oil-Bbls. 3	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 (shot-in)	Casing Pressure (shot-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.

*Patti Janes*  
(Signature)

Secretary  
(Title)

4-21-80  
(Date)

OIL CONSERVATION DIVISION

APR 22 1980

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

BY *W. A. Gessert*  
SUPERVISOR, DISTRICT #

TITLE \_\_\_\_\_

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 allow-  
able on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner,  
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.