

DISTRIBUTION	
SANTA FE	1
FILE	1
U.S.G.S.	1
LAND OFFICE	
TRANSPORTER	OIL 1
	GAS
OPERATOR	1
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

RECEIVED

DEC 5 - 1979

Operator Fred Pool Drilling Co.		O.C.C. ARTESIA OFFICE
Address 327 J.P. White Bldg. Roswell, N.M. 88201		
Reason(s) for filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: Recompletion <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Ownership <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		Other (Please explain) CASINGHEAD GAS MUST NOT BE FLARED AFTER 2-1-80 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 Plains State	Well No. 10	Pool Name, Including Formation E. Chisum, S.A. #1	Kind of Lease State, Federal or Fee State	Lease No. K 2114
Location Unit Letter J : 2310 Feet From The S Line and 1650 Feet From The E Line of Section 16 Township 11S Range 28E, NMPM, Chaves 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 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 G	Sec. 16	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 Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 6-5-79	Date Compl. Ready to Prod. 8-31-79		Total Depth 2270 ft.		P.B.T.D. 2266.30			
Elevations (DF, RKB, RT, GR, etc.) 3688.20 GR	Name of Producing Formation San Andres		Top Oil/Gas Pay 2149 ft. 2202		Tubing Depth 2149 ft.			
Perforations 2202-2222 ft. 2 per ft.					Depth Casing Shoe 2270 ft.			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
11"	8 5/8"	283	125 sx Class C 2XS-1
7 7/8"	4 1/2 "	2261 ft.	150 Sx 50/50 Poz 2%
			D-20 Benzonite

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 9-1-79	Date of Test 9-1-79	Producing Method (Flow, pump, gas lift, etc.) Travelling Barrell Pump	
Length of Test 24 hrs.	Tubing Pressure 20#	Casing Pressure 20#	Choke Size 0
Actual Prod. During Test 19 BBl's.	Oil-Bbl's. 19 BBl's.	Water-Bbl's. -	Gas-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 Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

  
Secretary  
12-3-79  
(Date)

OIL CONSERVATION COMMISSION

APPROVED DEC 6 1979  
BY W.A. Gressett  
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 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 owner, well name or number, or transporter, or other such change of condition.  
Separate Forms C-104 must be filed for each pool in multiple