

P. O. BOX 2000

SANTA FE, NEW MEXICO 87501

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SANTA FE	1
FILE	1
U.S.	
LAND OFFICE	
TRANSPORTER	OIL 1
	GAS
OPERATOR	1
REGISTRATION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator: Fred Pool, Operating *U. ✓*

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

Reason(s) for filing (Check proper box) Other (Please explain)

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

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

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Plains State	10	E. Chisum, S.A. West	State, Federal or Fee State	K 2114
Location				
Unit Letter		Feet From The	Line and	Feet From The
J	2310	S	1650	E
Line of Section	Township	Range	NMPM,	County
16	11S	28E		Chaves

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Navajo Crude Oil Purchasing Co.	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	Sec.	Twp.	Range	Is gas actually connected?	When
	G	16	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 Res'v.	Diff. Res'v.
X	X		X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
6-5-79	8-31-79	2270 ft.	2266.30					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
3688.20 GR	San Andres	2119 ft. 2202	2119 ft.					
Perforations			Depth Casing Shoe					
2202-2222 ft. 2 per ft.			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 28S-1
7 7/8"	4 1/2 "	2261 ft.	150 Sx 50/50 Poz 2%
			D-20 Benzozite

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
9-1-79	9-1-79	Travelling Barrell Pump <i>posted 9-7-81</i>	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs.	20#	20#	0
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
19 BBl's.	19 BBl's.	-	-

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bble. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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.

[Signature]
(Signature)
Secretary
(Title)
7-1-81
(Date)

OIL CONSERVATION DIVISION
SEP 1 1979

APPROVED _____, 19____
BY *W. A. Gussert*
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 deep well, this form must be accompanied by a tabulation of the device tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for all wells on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filed for each pool in multicompleted wells.