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SANTA FE, NEW MEXICO 87501

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O. C. D.

ARTESIA, N.M.

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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DISTRIBUTION	
SANTA FE	1
FILE	1
U.S.U.S.	
LAND OFFICE	
TRANSPORTER	1
OIL	
GAS	
OPERATION	
PRODUCTION OFFICE	

Operator

Fred Pool Operating Co. ✓

Address

Clovis Star Rt. Box 1300, ~~21~~ 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)

If change of ownership give name  
and address of previous owner

Fred Pool Drilling Co., Same address

## I. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Plains State</b>	Well No. <b>11</b>	Pool Name, including Formation <b>East Chisum San Andres</b>	Kind of Lease State, Federal or Fee	State	Loc K-2
Location Unit Letter <b>H</b> : <b>2310</b> Feet From The <b>N</b> Line and <b>330</b> Feet From The <b>E</b> Line of Section <b>16</b> Township <b>11S</b> Range <b>28 E</b> , NMPM, <b>Chaves</b>					

## II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <b>Navajo Crude Oil Purchasing Co.</b>	Address (Give address to which approved copy of this form is to be sent) <b>Artesia, N.M.</b>
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 <b>G</b> Sec. <b>16</b> Twp. <b>11S</b> Rge. <b>28 E</b>
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"/>
Date Spudded <b>12-2-79</b>	Date Compl. Ready to Prod. <b>4-3-80</b>	Total Depth <b>2278 ft.</b>	P.B.T.D.				
Elevations (DF, RNB, RT, GR, etc.) <b>3737.97 GL</b>	Name of Producing Formation <b>San Andres</b>	Top Oil/Gas Pay <b>2450 2193</b>	Tubing Depth <b>2160 ft.</b>				
Purifications <b>2193-2254 36 holes</b>	Depth Casing Shoe <b>2278 ft.</b>						

## TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<b>11"</b>	<b>8 5/8"</b>	<b>287 ft.</b>	<b>150 sx Class C</b>
<b>8 5/8"</b>	<b>7"</b>	<b>521 ft.</b>	<b>50 sx Class C</b>
<b>6"</b>	<b>4 1/2"</b>	<b>2287 ft.</b>	<b>300sx 50/50POZ</b>
	<b>2 3/8"</b>	<b>2160 ft.</b>	<b>none</b>

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  
able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks <b>4-3-80</b>	Date of Test <b>4-3-80</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Travelling Barrell Pump</b>	Post-d I 123
Length of Test <b>24 hrs.</b>	Tubing Pressure <b>475 PSI</b>	Casing Pressure <b>205 PSI</b>	Choke Size <b>0</b>
Actual Prod. During Test <b>11 BBLs.</b>	Oil - Bbls. <b>11</b>	Water - Bbls. <b>0</b>	Gas - MCF <b>0</b>

## GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (prior, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

## III. 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 2 1981

APPROVED

BY

W. A. Gressitt

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

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

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

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