

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

RECEIVED BY

JUN 11 1984

O. C. D.
ARTESIA, OFFICEREQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF APPLICANTS	
DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.O.B.	
LAND OFFICE	
TRANSPORTER	<input checked="" type="checkbox"/>
OIL	<input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
PRODUCTION OFFICE	

Operator
Fred Pool Operating Company ✓Address
Post Office Box 1393, Roswell, New Mexico 88201

Reason(s) for filing (Check proper box)

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

Other (Please explain)

EX # 2-759

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Plains State	11	East Chisum, S.A.	State, Federal or Fee State	K 2114
Location				
Unit Letter	H	2310 Feet From The North Line and	330 Feet From The North	
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"/>	Address (Give address to which approved copy of this form is to be sent)
Navajo Crude Oil	POB 159, Artesia, New Mexico 88210
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Liquid Energy Corporation	POB 4000, The Woodlands, Texas 77380
If well produces oil or liquids, give location of tanks.	Unit, Sec., Twp., Rge.
	H 16 11S 28E
Is gas actually connected?	When
Yes	9/1/81

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'tv.	Diff. Res'tv.
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
12/2/79	4/3/80	2193	2160					
Observations (H.F., RAB, ST, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
3737.27 GL	San Andres	2193	2160					
Perforations			Depth Casing Shoe					
2193-2254 36 holes			2278					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
1"	8 5/8"	287	150 sx Class C
8"	7"	521	50 sx Class C
6"	4 1/2"	2287	300 sx 50/50 poz
	2 3/8"	2160	None

TEST DATA AND REQUEST FOR ALLOWABLE
OIL WELL

(Text 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.)	
4/3/80	4/2/80	Travelling Barrel Pump	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs.	475 psi	205 psi	None
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
11 bbls	11	0	30 mcf

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
3.85	24 hrs.	11	-
Testing Method (pilot, back pt.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Producing	20#	20#	Open

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)

Production Secretary

(Title)

June 8, 1984

(Date)

OIL CONSERVATION DIVISION

JUN 11 1984

APPROVED _____, 19

BY Mike WilliamsTITLE OIL AND GAS INSPECTOR

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 deviated 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 completed wells.