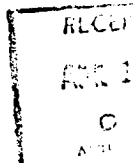


OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501Form C-104  
Revised 10-1-78REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

1. OPERATOR	
Fred Pool Drilling, Inc. ✓	
Address Box 1393 Roswell, N.M. 88201	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Other (Please explain) name change only

If change of ownership give name  
and address of previous owner

no ownership change

Fred Pool Drilling, Inc.

## 2. DESCRIPTION OF WELL AND LEASE

Lease Name Grynberg Com Fed	Well No. 1	Pool Name, including Formation <del>Rebores-Lope, Abo</del>	Kind of Lease State, Federal or Fee fed.	Lease No. 11795
Location Unit Letter J : 1980 Feet From The south Line and 1980 Feet From The east Line of Section 13 Township 6S Range 24E, NMPM, Chaves County				

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

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
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)
TWP <del>Franklin</del> <i>Franklin</i>	Box 2521 Houston, Texas 77044
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. + 13 6S 24E
Is gas actually connected?	When yes 3-19-81

If this production is commingled with that from any other lease or pool, give commingling order number:

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.D.T.D.					
Elevations (DF, H&B, RT, GR, etc.)	Name of Producing Formation	Top Oil Gas Pay		Tubing Depth					
Perforations		Depth Casing Shoe							
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT					

4. 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.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

Test ID-3  
5-10-85  
Chg Op Name

## GAS WELL

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

## 5. 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.

*Fred Pool*  
(Signature)  
Secretary  
4-9-85  
(Date)

## OIL CONSERVATION DIVISION

MAY 3 1985

APPROVED  
BY *Joe H. Clement*  
TITLE SUPERVISOR, DISTRICT II

This form is to be filed in compliance with MULE 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 MULE 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.