

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GASForm C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

RECEIVED

SEP 20 1980

O. C. D.

DISTRICT OFFICE

I.

Operator Fred Pool Drlg., Inc. ✓	
Address Box 1300 Clovis Star Rt. Roswell, N.M. 88201	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of: Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Other (Please explain) CASINGHEAD GAS MUST NOT BE PRODUCED 11-1-80 UNLESS AN EXCEPTION TO Rule 306 IS OBTAINED E.C. # 2-450
Change in Ownership <input type="checkbox"/>	
If change of ownership give name and address of previous owner	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Grynberg-Elkins	Well No. Pool Name, including Formation 1 Wildcat San Andres	Kind of Lease State, <u>Federal</u> or Fee	Lease No. N.M. 12268
Location Unit Letter <u>K</u> <u>1650</u> Feet From The <u>FWL</u> Line and <u>2310</u> Feet From The <u>FSL</u> Line of Section <u>17</u> Township <u>7S</u> Range <u>29E</u> , NMPM, <u>Chaves</u> County			

III. 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. 88210
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. Rge. gas actually connected? When <u>K</u> <u>17</u> <u>7S</u> <u>29E</u>

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

IV. 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 Restv. <input type="checkbox"/> Diff. Restv. <input type="checkbox"/>		
Date Spudded 8/7/80	Date Compl. Ready to Prod. 8/22/80	Total Depth 2832	P.B.T.D. 2820
Elevations (DF, RKB, RT, GR, etc.) 4027.00 GR	Name of Producing Formation San Andres	Top Oil/Gas Pay 2652	Tubing Depth 2600 ft.
Perforations 2652 - 2680 ft. San Andres			Depth Casing Shoe 9-26-80
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
11"	8 5/8"	208 ft.	100 sx CL. C 7% Ca Chl
7 7/8"	4 1/2"	2835 ft.	200 sx 50/50 P07
	2 3/8"	2600 ft.	

V. 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)

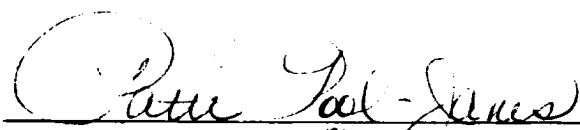
Date First New Oil Run To Tanks 8/22/80	Date of Test 8/22/80	Producing Method (Flow, pump, gas lift, etc.) Travelling Barrell Pump	
Length of Test 24 hrs.	Tubing Pressure 450 PSI	Casing Pressure 200 PSI	Choke Size 0
Actual Prod. During Test 16 BBLs	Oil-Bbls. 11 Bbls.	Water-Bbls. 5 Bbls.	Gas-MCF 0

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

VI. 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.


(Signature)
Secretary
(Title)
9/24/80
(Date)

OIL CONSERVATION COMMISSION

SEP 26 1980

APPROVED _____, 19____
BY W. A. Gressett
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 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