

## OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-1-78

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TRANSPORTER	1
OIL	1
GAS	1
OPERATOR	1
PRODUCTION OFFICE	1

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. OPERATOR

Operator Fred Pool Operating Co. ✓

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

Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>	Change in Transporter oil:	
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"/>

Other (Please explain)

If change of ownership give name and address of previous owner Fred Pool Drilling, Inc. same address

## II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Grynberg-Elkins</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Wildcat San Andres</u>	Kind of Lease State <u>Federal</u> or Fee	Lease No. <u>N.M. 12-1268</u>
Location				
Unit Letter <u>K</u>	<u>1650</u>	Feet From The <u>FWL</u>	Line and <u>2310</u>	Feet From The <u>FSI</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"/>	Address (Give address to which approved copy of this form is to be sent)					
<u>Navajo Crude Oil Purchasing Co.</u>	<u>Artesia, N.M. 88210</u>					
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 <u>K</u>	Sec. <u>17</u>	Twp. <u>7S</u>	Rge. <u>29E</u>	Is gas actually connected? <input type="checkbox"/>	When

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 Resrv. <input type="checkbox"/>	Diff. Resrv. <input type="checkbox"/>
Date Spudded <u>8/7/80</u>	Date Compl. Ready to Prod. <u>8/22/80</u>	Total Depth <u>2832</u>	P.B.T.D. <u>2828</u>					
Elevations (DF, RKB, RT, CR, etc.) <u>4027.00 GR</u>	Name of Producing Formation <u>San Andres</u>	Top Oil/Gas Pay <u>2652</u>	Tubing Depth <u>2600 ft.</u>					
Perforations <u>2652 - 2680 ft. San Andres</u>	Depth Casing Shoe <u>--</u>							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE <u>11"</u>	CASING & TUBING SIZE <u>8 5/8"</u>	DEPTH SET <u>288 ft.</u>	SACKS CEMENT <u>100 sx CL. C 7 1/2 Ca C</u>					
<u>7 7/8"</u>	<u>4 1/2"</u>	<u>2835 ft.</u>	<u>200 sx 50/50 POZ</u>					
	<u>2 3/8"</u>	<u>2600 ft.</u>						

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

## GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, 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 Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Secretary

8-1-81

## OIL CONSERVATION DIVISION

APPROVED

SEP 1 1981

BY

SUPERVISOR, DISTRICT II

TITLE

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deeps 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 able on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of ow well name or number, or transporter, or other such change of condit Separate Forms C-104 must be filed for each pool in mult