

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

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

NO. OF COPIES REQUIRED	
DISTRIBUTION	
SANTA FE	☒
FILE	☒
VELOC.	
LAND OFFICE	
TRANSPORTER	☒
OIL	
GAS	
OPERATOR	
PRODUCTION OFFICE	
Operator	

Fred Pool Operating Co. ✓

Address

Clovis Star Rt. Box 1300, 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

DESCRIPTION OF WELL AND LEASE

Lease Name	Macho	Well No.	1	Pool Name, including Formation	Und. Abo	Kind of Lease	State, Federal or Free	Fee	Lease
Location									
Unit Letter	J	1980 Feet From The	S	Line and	1980 Feet From The	E			
Line of Section	17	Township	7	Range	25E	NMPM	Chaves		

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent)					
Transwestern Pipeline Co.	Houston, Texas					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	J	17	7 S	25E	no	

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	Some Res'tv. Diff.
		☒	☒				
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.T.D.D.				
4-20-81	5-25-81	4033	3979				
Formation (DF, RRB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth				
3807. GL	Abo	3543	3702				
Perforations 3815- 3845	22 perforations	Depth Casing Shoe					
		3979					

TUBING, CASING, AND CEMENTING RECORD

HOLES SIZE	CASING & TUBING SIZE	CERCH SET	SACKS CEMENT
17 1/2	13 3/8	314	300 sx. Class C
12 1/4	8 5/8	1643	600 sx. 65/35 poz
7 7/8	4 1/2	3979	300 sx self stress

TEST DATA AND REQUEST FOR ALLOWABLE
OIL WELL(Test must be after recovery of total volume of load off and must be equal to or exceed top
able for this depth or be for full 24 hours)

Length of Test	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	Post test
7-9-81			7-9-81
Actual Press. During Test	Tubing Pressure	Casing Pressure	Choke Size
Oil-Bbls.	Water-Bbls.	Gas-MCF	

GAS WELL

Actual Press. Test-REMOVED	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
2.05	72hrs.	0	0
Testing Method (Flow, back pr.)	Tubing Pressure (shot-in)	Casing Pressure (shot-in)	Choke Size
4 point	840	910	1.25"

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

(Signature)

(Title)

7-1-81

(Date)

OIL CONSERVATION DIVISION

SEP 1 1981

APPROVED _____, 19

BY W. A. GressettTITLE SUPERVISOR, DISTRICT IIThis form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or de
well, this form must be accompanied by a tabulation of the de
tests taken on the well in accordance with RULE 111.All sections of this form must be filled out completely for
able on new and recompleted wells.Fill out only Sections I, II, III, and VI for changes of
well name or number, or transporter, or other such change of con
Separate Forms C-104 must be filed for each pool in m
recompleted wells.