

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

RECEIVED

OCT 13 1981

O. C. D.
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES DESIRED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.B.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
REGISTRATION 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	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input checked="" type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

If change of ownership give name and address of previous owner

I. DESCRIPTION OF WELL AND LEASE **R-1042 2/4/2**

Lease Name Byrom State	Well No. 1	Pool Name, including Formation Penn Wildcat	Kind of Lease State, Federal or Fee State L6408
Location Unit Letter I ; 660 Feet From The E Line and 1980 Feet From The S			
Line of Section 1 Township 9S Range 26E , NMPM, Chaves Coun			

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 checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Transwestern Pipeline Co	Box 2521, Houston, Texas 77001
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit I Sec. I Twp. 9S Rge. 26E	yes 12-12-81

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'v.	Dill. Re
		X	X					
Date Spudded 6-22-81	Date Compl. Ready to Prod. 9-26-81	Total Depth 6490	P.B.T.D. 6417					
Elevations (DF, RKB, RT, CR, etc.) G1 3882	Name of Producing Formation Penn	Top Oil/Gas Pay 6204	Tubing Depth 6130					
Perforations 6204 - 6228	Depth Casing Shoe							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
10" / 7 7/8	8 5/8	1960	650 sx, 1" from 81
	4 1/2	6447	200 sx 35/65 Poz 2% CaCl
	2 3/8"	6130	

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 24 hrs. 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

GAS WELL

Actual Prod. Test-MCF/D 250	Length of Test 24	Bbls. Condensate/MMCF 0	Gravity of Condensate
Testing Method (pirat, back pr.) 4 pt	Tubing Pressure (shot-in) 1700	Casing Pressure (shot-in) 500	Choke Size none

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
Secretary (Signature)

10-8-81
(Date)

OIL CONSERVATION DIVISION

APPROVED **DEC 28 1981**

BY **N. A. Gressett**
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 deeper 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 well name or number, or transporter, or other such change of conditions. Separate Forms C-104 must be filed for each pool in multi-completed wells.