

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

NO. OF COPIES RECEIVED	3
DISTRIBUTION	
SANTA FE	1
FILE	1
U.S.S.	
LAND OFFICE	
TRANSPORTER	OIL 1 GAS 1
OPERATOR	1
PROMOTION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator
Fred Pool Operating Company

Address
Clovis Star Route Box 1300, Roswell, New Mexico 88201

Reason(s) for filing (Check proper box)

New Well Change in Transporter of: Oil Gas
 Recompletion Oil Casinghead Gas RECEIVED
 Change in Ownership Condensate

Other (Please explain)
On previous C-104, dated 10/08/81, we did not request allowable for oil, we are doing so now.

If change of ownership give name and address of previous owner
MAY 20 1982

DESCRIPTION OF WELL AND LEASE

Lease Name Eastland State	Well No. #1	Pool Name, Including Formation ARTESIA, OFFICE	Kind of Lease State, Federal or Fee	Lease No. L-6773
Location Unit Letter I : 660 Feet From The East Line and 1980 Feet From The North Line of Section 13 Township 9S Range 26E, NMPM, Chaves County				

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	Address (Give address to which approved copy of this form is to be sent) P.O. Drawer 159, Artesia, New Mexico 88210
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Transwestern Pipeline Co.	Address (Give address to which approved copy of this form is to be sent) Box 2521, Houston, TX 77001
If well produces oil or liquids, give location of tanks. Unit I Sec. 13 Twp. 9S Rge. 26E	Is gas actually connected? When

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.	Diff. Res'v.
			X					
Date Spudded 6/30/81	Date Compl. Ready to Prod. 9/20/81	Total Depth 6204	P.B.T.D. 6144					
Elevations (DF, RKB, RT, GR, etc.) 3816 G.L.	Name of Producing Formation Penn	Top Oil/Gas Pay 6072	Tubing Depth 6017					
Perforations 6072-6082 ft. 22 holes	Depth Casing Shoe 6203							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2	13 3/8	318	425 sx CIC 2% CC
12 1/4	8 5/8	1430	550 sx litepoz
7 7/8	5 1/2	6190	625 sx 35/65

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 12/16/81	Date of Test 1/02/82	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 4 hr.	Tubing Pressure 1977 psi	Casing Pressure 2364 psi	Choke Size 2" X 1.25
Actual Prod. During Test	Oil-Bbls. 1.0 bbl	Water-Bbls. 3.0 bbl	Gas-MCF 105 mcf

GAS WELL

Actual Prod. Test-MCF/D 631.8	Length of Test 4 hrs	Bbls. Condensate/MMCF 0	Gravity of Condensate
Testing Method (pistol, back pr.) 4-pt. back press	Tubing Pressure (Shut-in) 1977	Casing Pressure (Shut-in) 2364	Choke Size 2" X 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.

[Signature]
Land Secretary
May 20, 1982

OIL CONSERVATION DIVISION
MAY 24 1982

APPROVED _____, 19____
BY *[Signature]*
TITLE **OIL AND GAS INSPECTOR**

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 multiply