

OFFICE OF THE SECRETARY	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.S.	
LAND OFFICE	
TRANSPORTER	☒
OPERATOR	☒
PRODUCTION OFFICE	

P. O. BOX 2000
SANTA FE, NEW MEXICO 87501

RECEIVED

DEC 1 1982

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GASO. C. D.
ARTESIA, OFFICE

Fred Pool Operating Company

Address

114 East 4th Street, Roswell, New Mexico 88201

Reason(s) for filing (Check proper box)

New Well

☒

Change in Transporter of:

Recompletion

☐

Oil

☐

Dry Gas

☐

Change in Ownership

☐

Casinghead Gas

☐

Condensate

☐

Other (Please explain)

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	State	Lease No.
Plains State	14	East Chisum, San Andres	State, Federal or Fee	State	K-211

Location

Unit Letter G : 1650 Feet From The North Line and 2310 Feet From The EastLine of Section 16 Township 11S Range 28E , N.M.P.M., 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)
Navajo Crude Oil Purchasing Company	Post Office Drawer 159, Artesia, NM 88210
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)
Mapco	Box 2115, Tulsa, Oklahoma 74101-2115
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <u>G</u> Sec. <u>16</u> Twp. <u>11S</u> Rge. <u>28E</u>	Yes 9/01/81

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 Reservoir, Drill. No.
		X		X				
Date Spudded	Date Comp. Ready to Prod.		Final Depth			P.B.F.D.		
11/03/82	11/13/82		2320'			2280'		
Elevations (E.T., RAB, K.F., CR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tabing Depth		
3694 G	San Andres		2130'			2144'		
Perforations						Depth Casing Shoe		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	301'	165 sx
7 7/8"	4 1/2"	2320'	185 sx
	2 3/8"	2144'	

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 of well for this depth or be for full 24 hours)

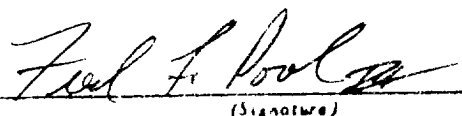
OIL WELL			
Date First New Oil Run To Tanks 11/14/82	Date of Test 11/14/82	Producing Method (Flow, pump, gas lift, etc.) Pump, rods & pumpjack.	
Length of Test 24 hrs.	Tubing Pressure 25 psi	Casing Pressure 25 psi	Choke Size NA
Actual Prod. During Test 8 bbls	Oil-BSls. 8	Water-BSls. 0	Gas-MCF 10 mcf

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	BSLs. Condensate/MCF	Gravity of Condensate
Testing Method (prior, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

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.



Petroleum Engineer

(Title)

November 30, 1982

(Date)

OIL CONSERVATION DIVISION

DEC 3 1982

APPROVED _____, 19__

BY _____ Original Signed By

Leslie A. Clements

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 device tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all wells 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 condition.

Separate Forms C-104 must be filed for each pool in newly completed wells.