

OIL CONSERVATION DIVISION

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SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.O.B.	
LAND OFFICE	
TRANSPORTER	<input checked="" type="checkbox"/>
OIL	<input checked="" type="checkbox"/>
GAS	<input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
PRODUCTION OFFICE	

RECEIVED BY 2088
SANTA FE, NEW MEXICO 87501

JUL 18 1986

REQUEST FOR ALLOWABLE
AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Fred Pool Drilling, Inc.	
Address P.O. Box 1393 Roswell, N.M. 88201	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter oil: <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Eastland State	Well No. 3	Pool Name, including Formation Foor Ranch, Pre Permian	Kind of Lease State, Federal or Fee	State State	Lease L 6775
Location Unit Letter J : 1650 Feet From The South Line and 1980 Feet From The East					
Line of Section 13 Township 9S Range 26E, NMPM, Chaves					

III. 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	Box 2521 Houston, Texas 77001
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit J Sec. 13 Twp. 9S Rge. 26E	No Yes

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 type="checkbox"/> Gas Well <input checked="" type="checkbox"/> New Well <input checked="" type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Resv. <input type="checkbox"/>		
Date Spudded 9-7-84	Date Compl. Ready to Prod. 3-11-85	Total Depth 6110	P.B.T.D. 6028
Iterations (DF, RAB, RT, GR, etc.) GL 3821	Name of Producing Formation Und. Penn	Top Oil/Gas Pay 5874	Tubing Depth 5784
Perforations 5874-5970; 5982- 6006			Depth Casing Shoe 6028

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/2	8 5/8	1034	400sx 2% CC, 200
			CL C.2% CC
7 7/8	5 1/2	6110	700 sx 50/50 Poz.
	23/8	5784	

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 ton able for this depth or be for full 24 hours)

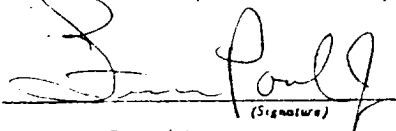
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bble.	Water-Bble.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D 1.213 MCF	Length of Test 24hrs.	Bble. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, back pr.) Back Pressure	Tubing Pressure (Shut-in) 1837.2	Casing Pressure (Shut-in) 127	Choke Size 24/64

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.


(Signature)
President
(Title)
5-1-85
(Date)

OIL CONSERVATION DIVISION

APPROVED JUN 19 1987
Original Signed By
Les A. Clements
Supervisor District II

This form is to be filled in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or reworked well, this form must be accompanied by a tabulation of the tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for use 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 completion.

Separate Forms C-104 must be filled for each pool in recompleted wells.