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LAND OFFICE	
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OPERATOR	<input checked="" type="checkbox"/>
PRODUCTION OFFICE	

RECEIVED BY
OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501
FEB 20 1985
O. C. D. REQUEST FOR ALLOWABLE
ARTESIA, OFFICE AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Pool Oil Company

Address P. O. Box 2837, Roswell, New Mexico, 88201

Reason(s) for filing (Check proper box) Other (Please explain)

New Well	<input type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input checked="" type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

If change of ownership give name and address of previous owner Fred F. Pool, III, #5 Summer Wind Place, Roswell, New Mexico, 88201

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
<u>Ronadero 9 USA</u>	<u>1</u>	<u>Square Lake North, QN/Grbg/SA</u>	<u>Federal</u>	<u>NM 42409</u>
Location				
Unit Letter	<u>K</u>	<u>1880'</u> Feet From The <u>south</u> Line and <u>1830'</u> Feet From The <u>west</u>		
Line of Section	<u>9</u>	Township <u>16S</u> Range <u>31E</u> , NMPM, <u>Eddy</u> County		

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Navaho Refinery Co.</u>	<u>P. O. Drawer 159, Artesia, New Mexico, 88210</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Phillips Petroleum Co.</u>	<u>#4 Home Savings & Loan, Bartlesville, OK 74004</u>
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
<u>K</u>	<u>9 16S 31E No</u>

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 <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'tv. <input type="checkbox"/> Diff. Res'tv. <input type="checkbox"/>		
Date Spudded <u>7-27-84</u>	Date Compl. Ready to Prod. <u>9-18-84</u>	Total Depth <u>3740</u>	P.B.T.D. <u>3700</u>
Elevations (DF, RKB, RT, GR, etc.) <u>4085 GR</u>	Name of Producing Formation <u>Premier Sand</u>	Top Oil/Gas Pay <u>3536</u>	Tubing Depth <u>3477</u>
Perforations <u>3536-3454</u>		Depth Casing Shoe <u>3740</u>	

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>12 1/4"</u>	<u>8 5/8"</u>	<u>380'</u>	<u>200</u>
<u>7 7/8"</u>	<u>5 1/2"</u>	<u>3740'</u>	<u>1350</u>
	<u>2 3/8"</u>	<u>3477'</u>	

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 <u>9-18-84</u>	Date of Test <u>9-19-84</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pump</u>	Post ID-3 5-10-85 CH2 of Name
Length of Test <u>24 hr.</u>	Tubing Pressure <u>N/A</u>	Casing Pressure <u>0</u>	
Actual Prod. During Test	Oil-Bbls. <u>28</u>	Water-Bbls. <u>20</u>	
		Gas-MCF <u>15 MCF</u>	

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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.

Fred F. Pool III
(Signature)

Engineer

(Title)

2-15-85

(Date)

OIL CONSERVATION DIVISION

MAY 7 1985

APPROVED _____, 10 _____

BY _____
ORIGINAL SIGNED
BY LARRY BROOKS
GEOLOGIST - NMOC

TITLE _____

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 multiple completed wells.