

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

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SANTA FE

OCT 29 1985

O. C. D.

REQUEST FOR ALLOWABLE  
AND

ARTESIA AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	<input checked="" type="checkbox"/>
OIL	<input checked="" type="checkbox"/>
GAS	<input checked="" type="checkbox"/>
OPERATION	<input checked="" type="checkbox"/>
PRODUCTION OFFICE	

Operator  
Fred Pool Drilling, Inc.

Address  
P.O. Box 1393 Roswell, N.M. 88201

Reason(s) for filing (Check proper box)		Other (Please explain)	
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 type="checkbox"/>
		Condensate	<input type="checkbox"/>

CASINGHEAD GAS MUST NOT BE  
FLARED AFTER 11-30-85  
UNLESS AN EXCEPTION FROM  
THE B. L. M. IS OBTAINED

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	Lease
Max Federal	1	East Red Lake - 2	State, Federal or Federal	9987
Location				
Unit Letter	L	2310 Feet From The	S	Line and 330 Feet From The
				W
Line of Section	30	Township	16S	Range 29E, NMPM, Eddy Co.

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)
Navajo Crude Oil Purchasing	Box 159 Artesia, N.M. 88210
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Conoco	Rt. 12, Box 2805 Odessa, Tex. 79763
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
L 30 16S 29E	no unknown

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'y.	Diff. R
X			X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
9-25-85	10-19-85	2500 ft.	2315					
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
3704 GL	Penrose	1842	3704 1897					
Perforations			Depth Casing Shoe					
1842-1858 & 1882-1885			-					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/2	8 5/8	379	450 sx C1 C 2% C1C
7 7/8	4 1/2	2494	350 sx C1 C-8# sal
	2 3/8	1897 ft.	300 sx C1C -6# sal
			2/10% CFR-3.

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 a  
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.)	
10-19-85	10-21-85	pumping	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24hrs.	20#	20#	none
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
51	51	0	42 mcf per day

Post #D-2  
11-1-85  
Camp & BK

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 Pool  
(Signature)  
Vice-President  
(Title)  
10-22-85  
(Date)

OIL CONSERVATION DIVISION

APPROVED OCT 29 1985, 19  
BY Original Signed By  
Les 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 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  
wells on new and recompleted wells.  
Fill out only Sections I, II, III, and VI for changes of ow  
well name or number, or transporter, or other such change of condit  
Separate Forms C-104 must be filed for each pool in mult  
recompleted wells.