

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

RECEIVED BY

AUG 27 1986

O. C. D.

ARTESIAN WATER TO TRANSPORT OIL AND NATURAL GAS

REQUEST FOR ALLOWABLE
AND

| | |
|------------------------|-------------------------------------|
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| 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"/> |
| OPERATOR | <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)

New Well ☒
Recompletion ☐
Change in Ownership ☐

Change in Transporter of:

Oil ☐ Dry Gas ☐
Casinghead Gas ☐ Condensate ☐

Other (Please explain)

CASINGHEAD GAS MUST NOT BE
FLARED AFTER 9-29-86UNLESS AN EXCEPTION FROM
THE B. L. M. IS OBTAINEDIf change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|--------------------|----------|--------------------------------|-------------------------------|----------------|
| Lease Name | Well No. | Pool Name, Including Formation | Kind of Lease | Lease NM |
| Max Federal | 3 | East Red Lake - 8-6 | State, Federal or Fee Federal | 9987 |
| Location | | | | |
| Unit Letter | E | 330' | Feet From The FWL | Line and 2310' |
| Line of Section 30 | | Township 16S | Range 29E | NMPM, Eddy |

III. 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 type="checkbox"/> or Dry Gas <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) | |
| If well produces oil or liquids, give location of tanks. | Unit | Sec. |
| | E | 30 |
| | 16S | 29E |

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. |
| | X | | X | | | | | |
| Date Spudded | Date Compl. Ready to Prod. | | Total Depth | | P.B.T.D. | | | |
| 6-29-86 | 8-16-86 | | 1900' | | 1880' | | | |
| Elevations (DF, RKB, RT, CR, etc.) | Name of Producing Formation | | Top Oil/Gas Pay | | Tubing Depth | | | |
| Gr 3692' | Penrose | | 1828' | | 1755' | | | |
| Perforations | | | | | Depth Casing Shoe | | | |
| 1828-1838' | | | | | 1900' | | | |

TUBING, CASING, AND CEMENTING RECORD

| | | | |
|-----------|----------------------|-----------|-------------------|
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
| 12 1/4 | 8 5/8 | 305' | 200 HE2 |
| 7 7/8 | 4 1/2 | 1900' | 250 sx Dowell Lin |
| | | | 175SX 25/75 POZ |
| | 2 3/8 | 1755' | |

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
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.) | |
| 8-16-86 | 8-22-86 | pumping | |
| Length of Test | Tubing Pressure | Casing Pressure | Choke Size |
| 24hrs. | 20# | 20# | none |
| Actual Prod. During Test | Oil-Bbls. | Water-Bbls. | Gas-MCF |
| 12bb1s. | 12bb1s. | trace | TSTM |

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 |
| | | | |

IV. 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)

Vice President

(Title)

8-26-86

(Date)

OIL CONSERVATION DIVISION

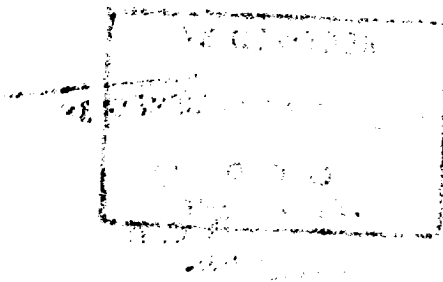
AUG 29 1986

APPROVED _____, 19____

BY _____
Original Signed By
Les A. ClementsTITLE _____
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 deep
well, this form must be accompanied by a tabulation of the devi-
tests taken on the well in accordance with RULE 111.All sections of this form must be filled out completely for a
able 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 condi-Separate Forms C-104 must be filed for each pool in multi-
complected wells.



100
100
100
100