

Submit: 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
100 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator <u>Louis Fulton Enterprises</u>	Well API No. 30-015-26020
Address P. O. Box 1176 Artesia, N.M. 88211-1176	SEP 13 1991
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> Recompletion <input type="checkbox"/> Change in Operator <input type="checkbox"/> Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	ARTESIA <input type="checkbox"/> Other (Please explain)

If change of operator give name
and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name Meridian Federal	Well No. 1	Pool Name, including Formation East Red Lake <u>Penrose</u>	Kind of Lease State, Federal or Fee	Lease No. NM-61579
Location Unit Letter "E" : 2310 Feet From The North Line and 900 Feet From The West Line Section 25 Township 16 South Range 28 East, NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Navajo Refining Co. <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. Box 159 Artesia NM 88210					
Name of Authorized Transporter of Casinghead Gas Conoco Inc. <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) 10 Desta Dr. West Midland TX 79705					
If well produces oil or liquids, give location of tanks.	Unit E	Sec. 25	Twp. 16	Rge. 28	Is gas actually connected? no	When ?

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 checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 12-12-88	Date Compl. Ready to Prod. 7-8-91		Total Depth 2710		P.B.T.D. 1778			
Elevations (DF, RKB, RT, GR, etc.) 3776.4 GR	Name of Producing Formation Penrose		Top Oil/Gas Pay 1512-1578		Tubing Depth 1590'			
Perforations 1512-1587					Depth Casing Shoe 1787			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
10"	8 5/8	326	195 sx <u>Part ID-2</u>
8 1/2"	7	1452	None <u>10-4-91</u>
6 1/4"	4 1/2	1787	Circulated <u>comp & OK</u>

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 top allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank 7-8-91	Date of Test 7-22-91	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hr	Tubing Pressure	Casing Pressure	Choke Size 1"
Actual Prod. During Test	Oil - Bbls. 10	Water - Bbls. 10	Gas- MCF 120

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

VI. OPERATOR 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 <u>Louis F. Fulton</u>	Title Owner
Printed Name Louis F. Fulton	Telephone No. 505 746-4787
Date 9-13-91	

OIL CONSERVATION DIVISION

Date Approved SEP 20 1991

By ORIGINAL SIGNED BY
MIKE WILLIAMS
Title SUPERVISOR, DISTRICT II

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.

[illegible]