NEW MEXICO OIL CONSERVATION DEPARTMENT

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TRANSPORTER GAS		
OPERATOR	✓	
PRORATION OFFICE		

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-1-78

CASINGHEAD GAS MUST NOT BE FLARED AFTER 3-15-86 UNLESS AN EXCEPTION FROM THE B. L. M. IS OBTAINED

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator
Fred Pool Drilling, Inc. ✓

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

RECEIVED BY
FEB 10 1986
O. C. D.
ARTESIA, OFFICE

Reason(s) for Filing (Check proper box)
New Well [X]
Recompletion [ ]
Change in Ownership [ ]

Change in Transporter of:
Oil [ ] Dry Gas [ ]
Casinghead Gas [ ] Condensate [ ]

Other (Please explain)

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
White Oaks Federal	2	~~SA~~ Artesia ~~Oil Pool~~	State, Federal or Fee FEderal	42411

Location
Unit Letter J ; 2310 Feet From The South Line and 2355 Feet From The East Line of Section 12 Township 18S Range 27E , NMPM, Eddy County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [X] or Condensate [ ]	Address (Give address to which approved copy of this form is to be sent)
Navajo Crude Oil Purchasing	P.O.Box 159 Artesia, N.M. 88210
Name of Authorized Transporter of Casinghead Gas [ ] or Dry Gas [ ]	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.	Twp.	Rge.	Is gas actually connected?	When
	J	12	18S	27E	no	

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. Res'v.
	X			X			X	

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
1-4-86	1-31-86	1604 ft.	~~1604 ft.~~ 1527
Elevations (DF, RKB, RT, GR, etc.)	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
Gr 3617 ft.	Penrose	1500ft.	1473
Perforations			**Depth Casing Shoe**
1500-1518 ft.			1604

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	2 3/8	1473 ✓	none
12¼	8 5/8	368 ft.	300 sx Cl C;
8"	5½	1604 ft	250 sx HCL; 150 sx 50/50 poz

TEST DATA AND REQUEST FOR ALLOWABLE

(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)

OIL WELL

Post ID-2
2-14-86
Comp + BK

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
1-31-86	2-5-86	pump	
Length of Test	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
24 hrs.	15#	" 15#	none (X)
Actual Prod. During Test	**Oil-Bbls.**	**Water-Bbls.**	**Gas-MCF**
10 bbs.	10	0	TSTM

GAS WELL

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

Santa Pool
(Signature)

Vice President
(Title)

2-10-86
(Date)

OIL CONSERVATION DIVISION

APPROVED FEB 13 1986, 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 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 multiply completed wells.