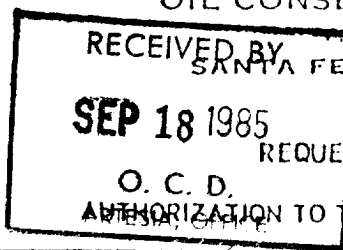


OIL CONSERVATION DIVISION



P.O. BOX 2088  
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OPERATOR	<input checked="" type="checkbox"/>
PROMOTION OFFICE	

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Fred Pool Drilling, Inc.

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

Reason(s) for filing (Check proper box)

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

Other (Please explain) CASINGHEAD GAS MUST NOT BE FLARED AFTER 10-24-85 UNLESS AN EXCEPTION FROM THE B.L.M. IS OBTAINED

If change of ownership give name and address of previous owner \_\_\_\_\_

I. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Chukka Federal</u>	Well No. <u>2</u>	Pool Name, Including Formation <u>Artesia Oil Pool</u>	Kind of Lease State, Federal or Fee Federal <u>Fee Federal</u>	Lease <u>6852</u>
Location Unit Letter <u>E</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>West</u>				
Line of Section <u>12-</u> Township <u>18S</u> Range <u>27E</u> , NMPM, <u>Eddy</u> Co.				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Navajo Crude Oil Purchasing</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 159 Artesia, N.M. 88210</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Phillips Petroleum</u>	Address (Give address to which approved copy of this form is to be sent) <u>Bartlesville, Okla.</u>
If well produces oil or liquids, give location of tanks. Unit <u>E</u> Sec. <u>12</u> Twp. <u>18S</u> Rge. <u>27E</u>	Is gas actually connected? <u>no</u> When _____

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 checked="" type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Some Restr. <input type="checkbox"/>	Diff. H. <input checked="" type="checkbox"/>
Date Spudded <u>8-30-85</u>	Date Compl. Ready to Prod. <u>9-10-85</u>	Total Depth <u>1912 ft.</u>		P.B.T.D. <u>1912 ft.</u>				
Elevations (DF, RKB, RT, GR, etc.) <u>GR 3607</u>	Name of Producing Formation <u>Penrose</u>	Top Oil/Gas Pay <u>1446 ft.</u>		Tubing Depth <u>1804</u>				
Perforations <u>1446-56</u> <u>1459-62</u>			Depth Casing Shoe <u>-</u>					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE <u>11"</u>	CASING & TUBING SIZE <u>8 7/8"</u>	DEPTH SET <u>1814</u>	SACKS CEMENT <u>200</u>
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Post ID-2  
9-27-85  
Camp

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 greater than top of hole for this depth or be for full 24 hours)

Date First New Oil Run To Tanks <u>9-12-85</u>	Date of Test <u>9-12-85</u>	Producing Method (If low, pump, gas lift, etc.) <u>pumping</u>	
Length of Test <u>24 hrs.</u>	Tubing Pressure <u>40#</u>	Casing Pressure <u>40#</u>	Choke Size <u>none</u>
Actual Prod. During Test <u>31 bbls</u>	Oil-Bbls. <u>31</u>	Water-Bbls. <u>0</u>	Gas-MCF <u>TSTM</u>

GAS WELL

Actual Prod. Test-MCF/D <u>TSTM</u>	Length of Test <u>24hrs.</u>	Bbls. Condensate/MMCF <u>TSTM</u>	Gravity of Condensate <u>-</u>
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size <u>none</u>

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)  
9-16-85  
(Date)

OIL CONSERVATION DIVISION  
**SEP 24 1985**

APPROVED \_\_\_\_\_, 19\_\_\_\_

BY Les A. Clements  
Original Signed By  
Supervisor District II

TITLE \_\_\_\_\_

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 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 oil well name or number, or transporter, or other such change of condition.  
Separate Forms C-104 must be filled for each pool in multi-completed wells.