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OPERATOR	<input checked="" type="checkbox"/>
PRODUCTION OFFICE	

**RECEIVED BY**  
**JUL 10 1985**  
**O. C. D. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS**  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Operator  
Fred Pool Drilling, Inc. ✓

Address  
Box 1393 Roswell, N.M. 88201<sup>3</sup>

Reason(s) for filing (Check proper box)

New Well ☐ Change in Transporter of:  
Recompletion ☐ Oil ☒ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

Other (Please explain)

If change of ownership give name  
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Texaco	Well No. 1	Pool Name, Including Formation Artesia Qn GR SA	Kind of Lease State, Federal or Fee State	Lease 647-2
Location Unit Letter <u>M</u> ; <u>330</u> Feet From The <u>south</u> Line and <u>330</u> Feet From The <u>west</u> Line of Section <u>16</u> Township <u>18S</u> Range <u>28E</u> , NMPM, <u>Eddy</u> Cour				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> NAVAJO Crude Oil Purchasing Co.	Address (Give address to which approved copy of this form is to be sent) Box 159 Artesia, N.M. 88210
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Co.	Address (Give address to which approved copy of this form is to be sent) Bartlesville, Ok 74004
If well produces oil or liquids, give location of tanks. Unit <u>M</u> Sec. <u>16</u> Twp. <u>18S</u> Rge. <u>28E</u>	Is gas actually connected? <u>yes</u> When <u>1-10-84</u>

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. R
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
			Post ID-3
			7-12-85
			Chg L.T. KOC

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.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

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)

Secretary  
(Title)

7-8-85  
(Date)

OIL CONSERVATION DIVISION  
JUL 12 1985

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

BY \_\_\_\_\_  
ORIGINAL SIGNED  
BY LARRY BROOKS  
GEOLOGIST - NMOC

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 dev 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 c well name or number, or transporter, or other such change of cond  
Separate Forms C-104 must be filed for each pool in mu completed wells.