

Submit 3 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

DISTRICT III
1000 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

RECEIVED

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

+
CISF
V.T.
6
up

DEC 4 '89

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

C. D.
ARTESIA OFFICE

Operator Fred Pool Drilling, Inc.	Well API No. 30-015-24926
Address P.O. Box 1393, Roswell, N.M. 88201	
Reason(s) for Filing (Check proper box) ☐ Other (Please explain)	
New Well ☐	Change in Transporter of:
Recompletion ☐	Oil ☐ Dry Gas ☐
Change in Operator ☒	Casinghead Gas ☐ Condensate ☐
If change of operator give name and address of previous operator Arlen Dickson, PO Box 50160, Midland, Texas 79710	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Exxon State	Well No. 2	Pool Name, Including Formation Artesia Queen GR-SA	Kind of Lease State, Federal or Fed State	Lease No. B-11539
Location Unit Letter M : 330 Feet From The South Line and 990 Feet From The West Line Section 9 Township 18S Range 28E , NMPM , Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Phillips Petroleum	Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook, Odessa, Texas 79762	
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ Phillips Petroleum	Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook, Odessa, Texas 79762	
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 9
	Twp. 18S	Rge. 28E
	Is gas actually connected?	When?
	yes	9-18-84

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
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			
					12-8-89			
					chg VP			

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	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

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 *Penta Pool*
Printed Name **Penta Pool** V-Pres.
Date **November 20, 1989** Telephone No. **505 623 8202**

OIL CONSERVATION DIVISION

DEC - 7 1989

Date Approved _____
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.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.