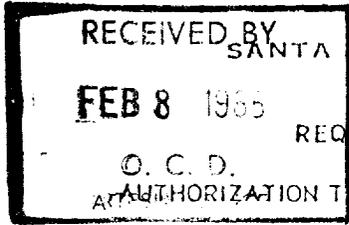


OIL CONSERVATION DIVISION

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

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REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Fred Pool Operating Co

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

Reason(s) for filing (Check proper box) Other (Please explain)

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

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

DESCRIPTION OF WELL AND LEASE

Lease Name <u>Texaco State</u>	Well No. <u>2</u>	Pool Name, Including Formation <u>Artesia, Queen GR SA</u>	Kind of Lease State, Federal or Fee <u>State</u>	Lease # <u>647-3</u>
Location Unit Letter <u>M</u> ; <u>990</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> Coun				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Koch Oil Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 2256 Wichita, Kansas 67201</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Phillips Petroleum Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>Bartlesville, Okla. 74004</u>
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? _____ 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 checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Re <input type="checkbox"/>
Date Spudded <u>12-13-84</u>	Date Compl. Ready to Prod. <u>1-17-85</u>	Total Depth <u>2568</u>	P.B.T.D. <u>2475</u>					
Elevations (DF, RKB, RT, GR, etc.) <u>3611 GR</u>	Name of Producing Formation <u>Grayburg/San Andres</u>	Top Oil/Gas Pay <u>2137 ft.</u>	Tubing Depth <u>2076</u>					
Perforations <u>2137-39; 2179-81; 2198; 2210; 2247-49; 2299-2300; 2313; 2247-43</u>			Depth Casing Shoe <u>2342</u>					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>12 1/4</u>	<u>8 5/8</u>	<u>351</u>	<u>350 sx C; C, 2% Ca</u>
<u>7 7/8</u>	<u>5 1/2</u>	<u>2568</u>	<u>300 sx Hal. lite,</u>
	<u>2 3/8</u>	<u>2076</u>	<u>300 sx C1 C</u>

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 Tanks <u>1-18-85</u>	Date of Test <u>1-18-85</u>	Producing Method (Flow, pump, gas lift, etc.) <u>pump</u>	
Length of Test <u>24 hrs.</u>	Tubing Pressure <u>-</u>	Casing Pressure <u>-</u>	Choke Size <u>none</u>
Actual Prod. During Test <u>25blbs</u>	Oil-Bbls. <u>25 bbls.</u>	Water-Bbls. <u>0</u>	Gas-MCF <u>tstm</u>

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, 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)  
President  
(Title)  
Fred Pool Operating Company  
(Date)  
2-4-85

OIL CONSERVATION DIVISION

APPROVED FEB 26 1984, 19  
BY Original Signed By  
Leslie A. Clements  
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 deep well, this form must be accompanied by a tabulation of the devils 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 well name or number, or transporter, or other such change of condition.  
Separate Forms C-104 must be filed for each pool in multi-completed wells.