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RECEIVED BY P. O. BOX 2088
SANTA FE NEW MEXICO 87501
JUN 26 1985
O. C. D.
ARTESIA OFFICE
REQUEST FOR ALLOWABLE
AND
ARTESIA OFFICE TO TRANSPORT OIL AND NATURAL GAS

RECEIVED BY
JUN 24 1985
O. C. D.
ARTESIA, OFFICE

1. OPERATOR
Fred Pool Drilling, Inc. ✓
Address
P. O. Box 1393, Roswell, N.M. 88201
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 Collier Energy, Inc., P. O. Drawer R, Artesia, N.M. 88210

II. DESCRIPTION OF WELL AND LEASE

Lease Name Comstock Federal	Well No. #1	Pool Name, including Formation Artesia Q-Gb-SA	Kind of Lease State, Federal or Fee Fed.	Lease NM42410
Location Unit Letter N : 330 Feet From The S Line and 1650 Feet From The W Line of Section 12 Township 18S Range 27E, NMPM, Eddy Cou				

III. 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	Address (Give address to which approved copy of this form is to be sent) P. O. Drawer 175, Artesia, NM 88210
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	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 N 12 18 27 No

If this production is commingled with that from any other lease or pool, give commingling order number:

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. R.
X		X		X					
Date Spudded 12-10-84	Date Compl. Ready to Prod. 12-17-84	Total Depth 2400'		P.B.T.D. 1940'					
Elevations (DF, RKB, RT, GR, etc.) 3593	Name of Producing Formation Penrose	Top Oil/Gas Pay 1497'		Tubing Depth 1487'					
Perforations 1497, 1503, 04, 05, 06, 1511, 12'		Depth Casing Shoe							
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT					
12 1/4"	8 5/8", 24#	377'		350 sks Post ID-2					
7 7/8"	5 1/2", 17-14#	2400'		600 sks 6-28-85					
	2 3/8"	1487'		Chg op.					

IV. 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 of well 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

V. 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.

Gas I. Brooks
(Signature)
Production Clerk
(Title)
6-21-85
(Date)

OIL CONSERVATION DIVISION

APPROVED JUN 27 1985, 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 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.