

RECEIVED BY OIL CONSERVATION DIVISION
P. O. BOX 2088
AUG 08 1985 SANTA FE, NEW MEXICO 87501
O. C. D. REQUEST FOR ALLOWABLE
ARTESIA, OFFICE AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Fred Pool Drilling, Inc.

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

Reason(s) for filing (Check proper box)

New Well

Recompletion

Change in Ownership ☒

~~Change~~ In Transporter of:

Oil

Casinghead Gas ☒

Dry 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

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Comstock Federal	2	Artesia Q-Gb-SA	State, Federal or Free FED	NM42410
Location				
Unit Letter <u>K</u> : <u>1650</u> Feet From The <u>S</u> Line and <u>1770</u> Feet From The <u>W</u>				
Line of Section <u>12</u> Township <u>18S</u> Range <u>27E</u> , NMPM, Eddy County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

DESTINATION OF PRODUCTION OF OIL AND CONDENSATE 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, N.M. 88210	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Pet. 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 N	Sec. 12	Twp. 18	Rge. 27	Is gas actually connected? Yes	When 7-16-85

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

COMPLETION DATA

COMPLETION DATA									
Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'
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 ID3
			8-16-85
			Chg d.p. Name
			+ Add GT: PP

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	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.

Gail Brooks
(Signature)

Production Clerk

8-7-85

(Date)

OIL CONSERVATION DIVISION

AUG 8 1985

APPROVED AUG 6 1965, 19

BY _____ ORIGINAL SIGNED
BY LARRY BROOKS
GEOLOGIST - NMOC

TITLE

This form is to be filled in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepens well, this form must be accompanied by a tabulation of the deviated tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Form C-104 must be filed for each pool in multiple completed wells.