

OIL CONSERVATION DIVISION

NO. OF APPLICANTS	
DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.G.B.	
LAND OFFICE	
TRANSPORTER	<input checked="" type="checkbox"/>
OPERATION	<input checked="" type="checkbox"/>
PERMITS OFFICE	

RECEIVED BY
MAY 6 1985
O. C. D. REQUEST FOR ALLOWABLE AND ARTESIA OFFICE TO TRANSPORT OIL AND NATURAL GAS

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

Operator
Fred Pool Drilling, Inc.

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"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry 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 Artesia State	Well No. #1	Pool Name, including Formation Artesia, Queen GR SA	Kind of Lease State, Federal or Fee	State State	Lease V1404
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Location

Unit Letter C : 330 Feet From The N Line and 1650 Feet From The W

Line of Section 13 Township 18S Range 27E , NMPM, Eddy County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Refining Company	Address (Give address to which approved copy of this form is to be sent) P. O. Drawer 159, 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 C	Sec. 13	Twp. 18	Rge. 27	Is gas actually connected? N/A	When
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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	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. R
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Date Spudded 4-13-85	Date Compl. Ready to Prod. 4-30-85	Total Depth 1575'	P.B.T.D. 1556'
Elevations (DF, RKB, RT, GR, etc.) 3584GR	Name of Producing Formation Penrose	Top Oil/Gas Pay 1495	Tubing Depth 1465
Perforations 1495-1518 24 holes			Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	386	300 Sks Class C Cire
7 7/8"	4 1/2"	1575	405 Sks Class C Cire
	2 3/8	1465	

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)

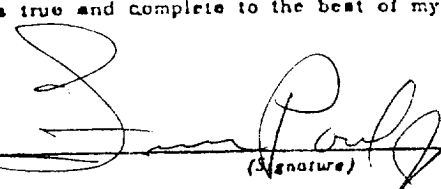
Date First New Oil Run To Tanks 4-27-85	Date of Test 4-30-85	Producing Method (Flow, pump, gas lift, etc.) Pump	Post FD-2 5-10-85 Pump + DR
Length of Test 24 hrs.	Tubing Pressure	Casing Pressure	Choke Size N/A
Actual Prod. During Test 71	Oil-Bbls. 71	Water-Bbls. 0	Gas-MCF TSTM

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.


President
5-6-85
(Date)

OIL CONSERVATION DIVISION
MAY 7 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 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 conditions.

Separate Forms C-104 must be filed for each pool in multicompleted wells.