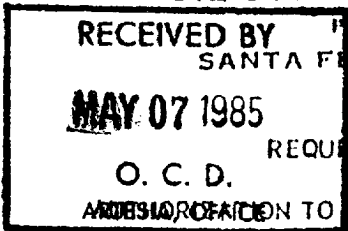


OIL CONSERVATION DIVISION



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OPERATION	<input checked="" type="checkbox"/>
PROMOTION OFFICE	

REQUEST FOR ALLOWABLE  
AND

ARTESIA OFFICE REQUEST FOR ALLOWABLE AND  
TRANSPORT OIL AND NATURAL GAS

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"/> 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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Chukka Federal	Well No. #1	Pool Name, including Formation Artesia Q.- GB - SA	Kind of Lease State, Federal or Fee Fed	Lease NM6852
Location Unit Letter F : 2310 Feet From The N Line and 2310 Feet From The W Line of Section 12 Township 18-S Range 27-E, NMPM, Eddy Cour				

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 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 F	Sec. 12	Twp. 18	Rge. 27	Is gas actually connected? No	When

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 <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. R. <input type="checkbox"/>
Date Spudded 4-23-85	Date Compl. Ready to Prod. 5-4-85		Total Depth 1600		P.B.T.D. 1575			
Elevations (DF, RKB, RT, GR, etc.) 3633 GR	Name of Producing Formation Penrose		Top Oil/Gas Pay 1500		Tubing Depth 1518			
Perforations 1508 - 1520					Depth Casing Shoe 1600			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8" 24#	362"	300 sks.
7 7/8"	5 1/2" 17 - 15.5#	1600"	350 sks
	2 3/8"	1507"	
		1518	

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  
able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 5-4-85	Date of Test 5-6-85	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs.	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 80	Oil-Bbls. 80	Water-Bbls. 3	Gas-MCF TSTM

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.

*Robert Pittman*  
(Signature)

Production Superintendent

(Title)

5-6-85

(Date)

OIL CONSERVATION DIVISION

APPROVED **MAY 7 1985**, 19

BY **ORIGINAL SIGNED**  
BY LARRY BROOKS

TITLE **GEOLOGIST - NMOCD**

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 dev  
tests taken on the well in accordance with RULE 111.

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

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

Separate Forms C-104 must be filled for each pool in multi  
completed wells.