

## OIL CONSERVATION DIVISION

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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
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SANTA FE, NEW MEXICO 87501

DEC -3 1985

REQUEST FOR ALLOWABLE  
AND

O. C. D.

ARTESIA, 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 ☒

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

## II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease
Artesia State	2	Artesia Qn GB SA	State, Federal or Fee State	V1404
Location				
Unit Letter C	2310	Feet From The West	Line and 330	Feet From The North
Line of Section 13	Township 18S	Range 27E	NMPM,	Eddy

## III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Navajo Grade Oil Hauling	Box 159 Artesia, N.M. 88210
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Phillips Pet. Co.	4601 Pembroke Dallas TX 79762
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
C 13 18S 27E	yes 11-13-85

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. R.
X			X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
9-28-85	11-1-85	1613 ft.	1593ft.					
Elevations (DF, RAB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
3581 Gr	Penrose	1530 ft.	1549 ft.					
Perforations			Depth Casing Shoe					
1530-1540 ft.			1613					

## TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/2	8 5/8	382 ft.	270sx Cl.C. 2% Ca Cl
8"	4 1/2	1613 ft.	250 sx Hal lite &
			8# salt; 100 sx C
	2 3/8	1549	C & 6# salt

## 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.)	
11-2-85	11-15-85	pump	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24hrs.	20#	20#	none
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
12 bbls	12 bbls.	0	12 MCF

Post ID-2  
1-3-86  
comp + BK

## 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.

## OIL CONSERVATION DIVISION

DEC 30 1985

APPROVED \_\_\_\_\_, 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 device 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 filled for each pool in multirecompleted wells.

Vice-President

(Signature)

(Title)

11-5-85

(Date)