

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

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O. C. D.
ARTESIA, OFFICEREQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

| | |
|------------------------|-------------------------------------|
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| SANTA FE | <input checked="" type="checkbox"/> |
| FILE | <input checked="" type="checkbox"/> |
| U.S.G.S. | |
| LAND OFFICE | |
| TRANSPORTER | <input checked="" type="checkbox"/> |
| OIL | <input checked="" type="checkbox"/> |
| GAS | <input checked="" type="checkbox"/> |
| OPERATOR | <input checked="" type="checkbox"/> |
| PROMOTION OFFICE | |

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

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|------------------|----------|--------------------------------|-----------------------------|--------------------------------|
| Lease Name | Well No. | Pool Name, including Formation | Kind of Lease | Lease |
| P.J. State No. 1 | 1 | Turkey track, On GB SA | State, Federal or Fee State | LG417 |
| Location | | | | |
| Unit Letter | I | 2310 Feet From The South | Line and | 330 Feet From The East |
| Line of Section | 36 | Township | 18S | Range 29E, N.M.P.M. Eddy, N.M. |

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 Crude Oil Refining | P.O. 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 Petroleum | Bartlesville, Okla | | | |
| If well produces oil or liquids, give location of tanks. | Unit | Sec. | Twp. | Rge. |
| | I | 36 | 18S | 29E |
| Is gas actually connected? | When | | | |
| No | | | | |

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't | Diff. H |
| | <input checked="" type="checkbox"/> | | <input checked="" type="checkbox"/> | | | | | |
| Date Spudded | Date Compl. Ready to Prod. | | Total Depth | | | P.B.T.D. | | |
| 7-2-86 | 7-5-86 | | 3396 | | | 3360 | | |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | | Top Oil/Gas Pay | | | Tubing Depth | | |
| 3429 Gr | Queen & Grayb | | 2486- 2828 | | | 2358 | | |
| Perforations | 14 holes.. | | | | | Depth Casing Shoe | | |
| 2828-2841 | | | | | | | | |
| 2486-2500 | 15 holes | | | | | | | |

TUBING, CASING, AND CEMENTING RECORD

| | | | |
|-----------|----------------------|-----------|------------------|
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
| 12 1/2 | 8 5/8 | 363' | 300 sx |
| 7 7/8 | 5 1/2 | 3396' | 430sx Lite & 385 |
| | | | 50/50 poz. |
| | 278 | 2358 | |

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
able 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.) | |
| 7-28-86 | 7-31-86 | pumpjng | |
| Length of Test | Tubing Pressure | Casing Pressure | Choke Size |
| 24Hrs. | 40 | 40 | 24/64 |
| Actual Prod. During Test | Oil-Bbls. | Water-Bbls. | Gas-MCF |
| | 110 | 20 | 40 |

Post ID-2
8-15-86
Comp & BK
(X)

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.

(Signature)

President

(Title)

8-7-86

(Date)

OIL CONSERVATION DIVISION

AUG - 8 1986

APPROVED _____, 19

BY _____
Original Signed By
Les A. ClementsTITLE _____
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 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 o
well name or number, or transporter, or other such change of conditSeparate Forms C-104 must be filed for each pool in multi
recompleted wells.