

## OIL CONSERVATION DIVISION

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SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.M.S.	
LAND OFFICE	
TRANSPORTER	<input checked="" type="checkbox"/>
OIL	<input checked="" type="checkbox"/>
GAS	<input checked="" type="checkbox"/>
OPERATION	
PRODUCTION OFFICE	
Operator	
Fred Pool Drilling, Inc.	
Address	
P.O. Box 1393, Roswell, N.M. 88201	
Reason(s) for filing (Check proper box)	
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"/>
Other (Please explain)	

JUL 13 1987

O. C. D. REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GASIf change of ownership give name  
and address of previous owner

## DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease				
Comstock Federal	9	Artesia Qn-G-SA	State, Federal or Federal	NM424				
Location								
Unit Letter	G	2310 Feet From The East	Line and	2310 Feet From The north				
Line of Section	12	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"/>	Address (Give address to which approved copy of this form is to be sent)					
Navajo Refining co.	P.O. Drawer 159, Artesia, N.M. 8821-					
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	Sec.	Twp.	Rge.	Is gas actually connected?	When
G	12	18S	27E	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. P.
	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.		
4-25-87	5-25-87 6-2-87		1586'		1520		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth		
3620' Gr	Penrose		1510'		1520		
Perforations					Depth Casing Shoe		
1510-1520' 11 shots							

## TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/2	8 5/8	300'	300 sx C1C, 2% CaO
7 7/8	4 1/2	1586'	300 sx HLC, 100 sx
			50/50 POZ
	2 3/8	1520	

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.)	
6-1-87	6-24-87	pumping	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24hr.	20#	20#	none
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
12 bbls.	12	0	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.

(Signature)

Vice President

(Title)

7-10-87

(Date)

## OIL CONSERVATION DIVISION

JUL 30 1987

APPROVED \_\_\_\_\_, 19

Original Signed By

BY \_\_\_\_\_ Les A. Clements

TITLE \_\_\_\_\_ Supervisor District 11

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

If this is a request for allowable for a newly drilled or deeper  
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 condi-Separate Forms C-104 must be filed for each pool in multi-  
completed wells.