

Submit 5 Copies  
Appropriate District Office  
DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-104  
Revised 1-1-89  
See Instructions  
at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

RECEIVED

JUN 28 '90

Operator Fred Pool Drilling, Inc.		Well API No. 30-015-26017
Address P.O. Box 1393, Roswell, N.M. 88201		D. D. DISTRICT I, OFFICE
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> New Well <input type="checkbox"/> Change in Transporter of: Recompletion <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		

If change of operator give name  
and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name Comstock Federal	Well No. 10	Pool Name, including Formation Artesia O-GB-SA	Kind of Lease State, Federal or Fee Federal	Lease No. 42410 NM
Location Unit Letter N : 990 Feet From The FSL Line and 1650 Feet From The FWL Line Section 12 Township 18S Range 27E, NMPM, Eddy County				

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	Address (Give address to which approved copy of this form is to be sent) P.O. Drawer 159, Artesia, N.M.					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips	Address (Give address to which approved copy of this form is to be sent) Box 5050 Bartlesville, OK 74005					
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 12	Twp. 18S	Rge. 27E	Is gas actually connected? yes	When? 6-27-90

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 X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 12-16-89	Date Compl. Ready to Prod. 6-20-90		Total Depth 2040		P.B.T.D. 1998			
Elevations (DF, RKB, RT, GR, etc.) 3590 Gr	Name of Producing Formation Penrose		Top Oil/Gas Pay 1483		Tubing Depth 1468			
Perforations 1483-92					Depth Casing Shoe 2039			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE 12 1/4 8"	CASING & TUBING SIZE 8 5/8 4 1/2 2 3/8	DEPTH SET 351 2039 1468	SACKS CEMENT 250 sx C1C 250 sx HLC, 250 sx POZ -
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V. 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 allowable for this depth or be for full 24 hrs.)

Date First New Oil Run To Tank 6-2-90	Date of Test 6-21-90	Producing Method (Flow, pump, gas lift, etc.) pumping	
Length of Test 24 hrs.	Tubing Pressure	Casing Pressure	Choke Size 7-27-90 comp & B1Y
Actual Prod. During Test 5 bbls	Oil - Bbls. 5	Water - Bbls. 15	Gas - MCF 5

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

VI. OPERATOR 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 Penta Pool  
Printed Name Penta Pool Vice President  
Date June 27, 1990 Telephone No. 623-8202

OIL CONSERVATION DIVISION

Date Approved JUL 25 1990

By ORIGINAL SIGNED BY  
MIKE WILLIAMS  
Title SUPERVISOR, DISTRICT II

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.