

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-1-78

RECEIVED

OCT 02 '87

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"/> |
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| U.S.O.B. | |
| LAND OFFICE | |
| TRANSPORTER | <input checked="" type="checkbox"/> |
| OIL | <input checked="" type="checkbox"/> |
| GAS | <input checked="" type="checkbox"/> |
| OPERATOR | |
| PRODUCTION OFFICE | |

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 type="checkbox"/> | CASINGHEAD GAS MUST NOT BE |
| Recompletion <input type="checkbox"/> | FLARED AFTER 12/6/87 |
| Change in Ownership <input type="checkbox"/> | UNLESS AN EXCEPTION TO: |
| Change in Transporter of: Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> | RULE 306 IS OBTAINED |

If 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 |
| PJ "A" State | 6 Turkey trk Q-GR-SA | State, Federal or Fee State | B771 |
| Location | Unit Letter K ; 2310 Feet From The South Line and 2310 Feet From The West | Line of Section 1 Township 19S Range 29E, NMDM, Eddy | |

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. Is gas actually connected? When |
| K 1 19S 29E | 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 <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"/> Some Rest. <input type="checkbox"/> Drill <input type="checkbox"/> | | |
| Date Spudded | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. |
| 9-5-87 | 9-23-87 | 2915' | 2885' |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | Top Oil/Gas Pay | Tubing Depth |
| 3398' Gr | Queen | 2385' | 2333' |
| Perforations | | | Depth Casing Shoe |
| 2358-2374' 17 shots | | | |

TUBING, CASING, AND CEMENTING RECORD

| | | | |
|-----------|----------------------|-----------|--------------------|
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
| 12 1/4 | 8 5/8 | 384' | 300 sx C1 C 2% Ca |
| 7 7/8 | 4 1/2 | 2915' | 600 sx HLC, 400 sx |
| | 2 3/8 | 2333' | (50/50 POZ) |

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.) | Fast ID-2 |
| 9-21-87 | 9-23-87 | producing, pump | 10-9-87 |
| Length of Test | Tubing Pressure | Casing Pressure | Choke Size |
| 48hrs. | 50 | 50 | 16/64 |
| Actual Prod. During Test | Oil-Bbls. | Water-Bbls. | Gas-MCF |
| 40 | 40 | 10 | 30 |

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 |

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.

Vice President

(Title)

9-24-87

(Date)

OIL CONSERVATION DIVISION

OCT 6 1987

APPROVED

BY Original Signed By
Mike Williams
TITLE Oil & Gas Inspector

This form is to be filled 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 able 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 conditions.

Separate Form C-104 must be filled for each pool in multi well wells.