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

State of New Mexico
Energy, Minerals and Natural Resources Department

RECEIVED

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

FEB 20 '89

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

O. C. D.
ARTESIA, OFFICE

Operator Fred Pool Drilling, Inc.		Well API No. 30-015-26052
Address P.O. Box 1393, Roswell, N.M. 88201		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input checked="" type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	CASINGHEAD GAS MUST NOT BE FLARED FROM 5/2/89 UP TO 6 IN. DIAMETER TO: RULE 306 IS OBTAINED
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name PJ "A" State	Well No. 15	Pool Name, Including Formation Turkey Track SR-O-GB-SA	Kind of Lease State, Federal or Fee State	Lease No. B 7717
Location Unit Letter I : 1650 Feet From The South Line and 330 Feet From The East Line Section 2 Township 19S Range 29E , 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 Refining	Address (Give address to which approved copy of this form is to be sent) 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"/> Phillips	Address (Give address to which approved copy of this form is to be sent) Bartlesville, Okla.	
If well produces oil or liquids, give location of tanks.	Unit I	Sec. 2
	Twp. 19S	Rge. 29E
	Is gas actually connected? yes When? 5-16-89 As soon as possible	

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 <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"/>	Same Res'v <input type="checkbox"/>	Diff Res'v <input type="checkbox"/>
Date Spudded 1-24-89	Date Compl. Ready to Prod. 2-10-89		Total Depth 3093'		P.B.T.D. 3043'			
Elevations (DF, RKB, RT, GR, etc.) 3368' Gr	Name of Producing Formation Queen		Top Oil/Gas Pay 2275'		Tubing Depth 2260'			
Perforations 2275-2294'					Depth Casing Shoe 3092			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4	8 5/8		347'		250 sx C1 C, 2% CaC			
7 7/8	4 1/2		3093'		450 sx Hal Lite			
	2 3/8		2260'		500 sx 50/50 POZ			

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 hours.)

Date First New Oil Run To Tank 2-10-89	Date of Test 2-14-89	Producing Method (Flow, pump, gas lift, etc.) pump	
Length of Test 24 hrs.	Tubing Pressure NA	Casing Pressure NA	Choke Size NA
Actual Prod. During Test	Oil - Bbls. 40	Water - Bbls. 22	Gas - MCF 20

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
			Post ID-3 6-9-89 Add Gas Trans. PP

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 *Fred Pool* V-P
Printed Name **Fred Pool** Title
2-17-89 **505 623 8202**
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved **FEB 23 1989**

By *Mike Williams* Original Signed By
Mike Williams

Title

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.