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

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

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

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

MAY -2'89

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Fred Pool Drilling, Inc.		Well API No. 30-015-26095
Address P.O. Box 1393, Roswell, NM 88202		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
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 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 P.J. "B" State	Well No. 1	Pool Name, Including Formation UND, Artesia Q-G-SA	Kind of Lease State, XXXXXX	Lease No. B9739-15
Location Unit Letter <u>C</u> : <u>2310</u> Feet From The <u>West</u> Line and <u>330</u> Feet From The <u>North</u> Line Section <u>11</u> Township <u>19S</u> Range <u>29E</u> , <u>NMPM</u> , <u>Eddy</u> 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 Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Drawer 159, Artesia, NM 88210	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips 66 Gas	Address (Give address to which approved copy of this form is to be sent) P.O. Box 5050, Bartlesville, OK 74004	
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 11
	Twp. 19S	Rge. 29E
	Is gas actually connected? <u>NO</u> When ?	

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	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 4/7/89	Date Compl. Ready to Prod. 4/18/89		Total Depth 3170		P.B.T.D. 3130			
Elevations (DF, RKB, RT, GR, etc.) 3360 GR	Name of Producing Formation Queens		Top Oil/Gas Pay 2229		Tubing Depth 2276			
Perforations 2229 - 2234 & 2242 - 2247, 12 shots					Depth Casing Shoe 3170			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8"		351		250' sx premium plus			
7 7/8"	4 1/2"		3140		475' sx Halliburton lite			
	2 3/8"		2276		with 275' sx Class "C"			

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 4/28/89	Date of Test 4/28/89	Producing Method (Flow, pump, gas lift, etc.) pump		Post F.D. - 2 5-5-89 comp + BK
Length of Test 24 hours	Tubing Pressure 20 lbs	Casing Pressure 20 lbs	Choke Size None	
Actual Prod. During Test	Oil - Bbls. 50 bbls	Water - Bbls. 16 bbls	Gas - MCF 20 mcf	

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
Deborah Goluska
Printed Name
5/1/89
Date

Secretary
Title
623-8202
Telephone No.

OIL CONSERVATION DIVISION

Date Approved MAY 4 1989

By 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.