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Santa Fe	
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State of New Mexico
Energy, Minerals and Natural Resources Department

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

RECEIVED

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

MAY 19 '89

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS**

O. C. D.
ARTESIA OFFICE

Operator Fred Pool Drilling, Incx.	Well API No. 30-015-26104
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:
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 PJ "A" State	Well No. 16	Pool Name, including Formation and Turkey trk Sr-Q-G-SA	Kind of Lease State, Federal or Fee	Lease No. B 7717
Location				
Unit Letter P	990	Feet From The South Line and 990	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) Bartlettville, Okla.	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. P 2 19S 29E	Is gas actually connected? When? Yes 5-12-89

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 4-25-89	Date Compl. Ready to Prod. 5/11/89		Total Depth 3150'		P.B.T.D. 3100			
Elevations (DF, RKB, RT, GR, etc.) 3364 Gr	Name of Producing Formation Queen		Top Oil/Gas Pay 2262		Tubing Depth 2201			
Perforations 2262-2290'					Depth Casing Shoe 3100'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4	8 5/8		360'		300 sx Class. C.			
7 7/8	5 1/2		3150'		250 sx Pacesetter L			
	2 3/8		2201		350 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 5/11/89	Date of Test 5/12/89	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hour	Tubing Pressure N.A.	Casing Pressure N.A.	Choke Size N.A.
Actual Prod. During Test	Oil - Bbls. 55	Water - Bbls. 15	Gas - MCF 28

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*
PENTA POOL VICE PRESIDENT
Printed Name **Penta Pool** Title **623-8202**
Date **5/12/89** Telephone No.

OIL CONSERVATION DIVISION

Date Approved **MAY 30 1989**

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.