

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

OIL CONSERVATION DIVISION

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

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87401

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Fred Pool Drilling, Inc.		Well API No. 30-015-26120
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 AFTER 10/18/89 UNLESS AN EXCEPTION 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 "B" State	Well No. 2	Pool Name, Including Formation Hand. Turkey Trk SR-O-G-SA	Kind of Lease State, Federal or Fee State	Lease No. B 9739
Location Unit Letter A : 330 Feet From The North Line and 990 Feet From The East Line Section 11 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 Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Drawer 159, Artesia, N.M. 88210					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum	Address (Give address to which approved copy of this form is to be sent) Bartlesville, Ok 74005					
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 11	Twp. 19S	Rge. 29E	Is gas actually connected? no	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 6-17-89	Date Compl. Ready to Prod. 7-8-89		Total Depth 2850		P.B.T.D. 2810'			
Elevations (DF, RKB, RT, GR, etc.) 3379 Gr	Name of Producing Formation Queen		Top Oil/Gas Pay 2268-2301		Tubing Depth 2320'			
Perforations 2268-2301' \ 21 holes					Depth Casing Shoe 2850'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/2	8 5/8		368'		250 sx Cl C, 2% CaCl			
7 7/8	4 1/2		2850'		275 sx Hal. Lie, 375 sx			
5 1/2	2 3/8		2320'		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 7-11-89	Date of Test 7-11-89	Producing Method (Flow, pump, gas lift, etc.) pump		Post FD-2
Length of Test 24 hrs.	Tubing Pressure 36	Casing Pressure 36	Choke Size NA	8-18-89
Actual Prod. During Test	Oil - Bbls. 44	Water - Bbls. 12	Gas - MCF 20	comp + B19

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** Vice President
Printed Name **Penta Pool** Title
Date **July 18, 1989** Telephone No. **505 623 8202**

OIL CONSERVATION DIVISION

Date Approved **AUG 17 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.