

Submit 5 Copies
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

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

NOV 8 '89

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

ARTESIA, OFFICE

Operator Fred Pool Drilling, Inc.		Well API No. 30-015-26161
Address P.O. Box 1393, Roswell, N.M. 88201		
Reason(s) for Filing (Check proper box) ☐ Other (Please explain)		
New Well ☒	Change in Transporter of:	
Recompletion ☐	Oil ☐	Dry Gas ☐
Change in Operator ☐	Casinghead Gas ☒	Condensate ☐
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Ronadero Federal	Well No. 1	Pool Name, Including Formation WC-Delaware	Kind of Lease State, Federal or Fee	Lease No. State 58815
Location				
Unit Letter I	1980	Feet From The FSL Line and 600	Feet From The West Line	
Section 31	Township 19S	Range 30E	County Eddy	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐	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 ☒ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit L	Sec. 31
	Twp. 19S	Rge. 30E
Is gas actually connected?	When?	
YES	OCTOBER 29, 1989	

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 ☒	Gas Well	New Well ☒	Workover	Deepen	Plug Back	Same Res v	Diff Res v
Date Spudded 8-11-89	Date Compl. Ready to Prod. 9-14-89		Total Depth 5000'		P.B.T.D. 4960'			
Elevations (DF, RKB, RT, GR, etc.) 3328' Gr	Name of Producing Formation Delaware		Top Oil/Gas Pay 3789'-3842'		Tubing Depth 3722'			
Perforations 3789-3842' 10 shots				Depth Casing Shoe				

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
20"	16"	362'	425 sax
14 3/4"	11 3/4"	1267'	600 sx Hel Lite.
11"	7"	3418'	250sx C1 C 1100 sx
6 1/2"	4 1/2"	5000'	200 sx 50/50 100Z

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 9-9-89	Date of Test 9-12-89	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hrs.	Tubing Pressure 150#	Casing Pressure 880#	Choke Size 11-12-89
Actual Prod. During Test 110 bbls	Oil - Bbls. 110. bbls	Water - Bbls. 11	Gas - MCF 120

GAS WELL

Actual Prod. Test - MMCF/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.

Penta Pool
Signature
Penta Pool
Printed Name
10-31-89
Date
623-8202
Telephone No.
Vice President
Title

OIL CONSERVATION DIVISION

Date Approved **NOV 15 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.

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P.O. Box 2088
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Form C-116
Revised 1/1/89

OCT -6 '89

O. C. D.
ARTESIA OFFICE

GAS - OIL RATIO TEST

Operator Fred Pool Drilling, inc.		Pool Parkway Delaware Pool		County Eddy	
Address P.O. box 1393., Roswell, N.M. 88201		TYPE OF TEST (X)		SCHEDULED	
LEASE NAME		WELL NO.		LOCATION	
Ronadero Federal		1		U S T R	
DATE OF TEST		CHOKE SIZE		DAILY ALLOW. ABLE	
10-3-89 to 10-4-89		P NA		80	
LENGTH OF TEST HOURS		PROD. DURING TEST		GAS - OIL RATIO CU FT/BRL	
24		WATER BBLs. GRAV. OIL		GAS MCF	
		42 37		93	
		96		968	

I hereby certify that the above information is true and complete to the best of my knowledge and belief.

Penta Pool
Signature

Penta Pool
Printed name and title

10-5-89
Date

623-8202
Telephone No.

Instructions:

During gas-oil ratio test, each well shall be produced at a rate not exceeding the top unit allowable for the pool in which well is located by more than 25 percent. Operator is encouraged to take advantage of this 25 percent tolerance in order that well can be assigned increased allowables when authorized by the Division.

Gas volumes must be reported in MCF measured at a pressure base of 15.025 psia and a temperature of 60° F. Specific gravity base will be 0.60.

Report casing pressure in lieu of tubing pressure for any well producing through casing.

(See Rule 301, Rule 1116 & appropriate pool rules.)