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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

NOV 8- '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 APN No. 30-015-26186
Address P.O. Box 1393, Roswell, N.M. 88201	
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> <input 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	

UNLESS AN EXCEPTION TO:
RULE 306 IS OBTAINED

II. DESCRIPTION OF WELL AND LEASE

Lease Name P J "B" State	Well No. 3	Pool Name, Including Formation Und. turkey trk- SRO-G-SA Queen	Kind of Lease State, Federal or Fed	Lease No. S N.M. B 9739-15
Location Unit Letter F : 2310 Feet From The West Line and 1650 Feet From The North 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"/> NavajoRefining	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	Address (Give address to which approved copy of this form is to be sent) P.O. Box 5050 Bartlesville, OK					
If well produces oil or liquids, give location of tanks.	Unit F	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 10-13-89	Date Compl. Ready to Prod. 10-26-89		Total Depth 2398		P.B.T.D. 2360'			
Elevations (DF, RKB, RT, GR, etc.) 3369 Gr	Name of Producing Formation Queen		Top Oil/Gas Pay 2240		Tubing Depth 2175			
Perforations 2240-2260					Depth Casing Shoe 2398			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/2	8 5/8		377		300 sx C1 C			
7 7/8	4 1/2		2396		365 sx C1 C, 355			
2 3/8	2 3/8		2175		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 10-30-89	Date of Test 10-31-89	Producing Method (Flow, pump, gas lift, etc.) pumping	
Length of Test 24hrs.	Tubing Pressure N A	Casing Pressure NA	Choke Size NA
Actual Prod. During Test	Oil - Bbls. 40	Water - Bbls. 2	Gas - MCF 40

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 Pres.
Printed Name
Date **11-6-89** Telephone No. **623-8202**

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.