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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

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

FEB 15 '90

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

O. C. D.
ARTESIA, OFFICE

I. Operator Fred Pool Drilling, Inc.		Well API No. 30-015-26193
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 5/6/90
Recompletion <input type="checkbox"/>		UNLESS AN EXCEPTION TO: RULE 306 IS OBTAINED
Change in Operator <input type="checkbox"/>		
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name PJ "B" State	Well No. 4	Pool Name, Including Formation Unit Trky, Trk, SR-Q-GR-SA	Kind of Lease State, Federal or Fee State	Lease No. B 9739-15
Location Unit Letter H : 990 Feet From The East 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"/>	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"/>	Address (Give address to which approved copy of this form is to be sent) P.O. Box 5050, Bartlesville, OK 74005	
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 11
	Twp. 19S	Rge. 29E
	Is gas actually connected? 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 12-20-89	Date Compl. Ready to Prod. 1-31-90		Total Depth 2452'		P.B.T.D. 2432'			
Elevations (DF, RKB, RT, GR, etc.) 3375' Gr	Name of Producing Formation Queen		Top Oil/Gas Pay 2305'		Tubing Depth 2201'			
Perforations 2305-2323'					Depth Casing Shoe 2452'			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/2	7"	358'	200 sx C1 C.
7 7/8	4 1/2	2450'	175 sx POZA, 135 sx 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 1-31-90	Date of Test 2-1-90	Producing Method (Flow, pump, gas lift, etc.) pump	
Length of Test 24hrs.	Tubing Pressure	Casing Pressure 30	Choke Size 3-9-50
Actual Prod. During Test	Oil - Bbls. 35	Water - Bbls. 25	Gas - MCF 15

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 2-13-90 Telephone No. 505 623 8202

OIL CONSERVATION DIVISION

Date Approved FEB 28 1990

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.