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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

FEB 25 1991

O. C. D.
ARTESIA OFFICE

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Fortson Oil Company	Well API No. 3001526503
Address 301 Commerce Street, Suite 3301, Fort Worth, TX 76102	
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> Change in Transporter of: <input checked="" type="checkbox"/> Other (Please explain) Test allowable for 1,000 barrels Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> condensate, for extended gas flow test Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> (374 barrels on hand test show production of 6 BPH) Strawn formation 10,616 - 10,652'	
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Sylvite Federal	Well No. 1	Pool Name, Including Formation Wildcat-Strawn	Kind of Lease State, Federal or Fee	Lease No. NM-84721
Location Unit Letter E : 1980 Feet From The North Line and 660 Feet From The West Line Section 6 Township T-20-S Range R-30-E , NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Pride Pipeline Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2436, Abilene, TX 79604					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> n/a	Address (Give address to which approved copy of this form is to be sent) n/a					
If well produces oil or liquids, give location of tanks.	Unit E	Sec. 6	Twp. 20-S	Rge. 30E	Is gas actually connected? no	When? n/a

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
		X	X					
Date Spudded 12-9-90	Date Compl. Ready to Prod. n/a	Total Depth 12,090'		P.B.T.D. 11,990'				
Elevations (DF, RKB, RT, GR, etc.) 3262 GR 3285 KB	Name of Producing Formation Strawn		Top Oil/Gas Pay 10,616'		Tubing Depth 10,668'			
Performations 10,719-10,722' 10,784'-10,756' (RBP at 10,698') 10,616-10,634 10,652'			10,642'-Depth Casing Shoe 12,089'					
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
26"	20"		387		1175			
17 1/2	13 3/8		1,310		1120			
12 1/4	8 5/8		3,208		1275			
7 7/8	5 1/2		12,090		1250 SKS			

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 n/a	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D n/a	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, 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 Sheryl L. Jonas Agent
Printed Name February 21, 1991 (915) 683-5511 Title
Date February 21, 1991 (915) 683-5511 Telephone No.

OIL CONSERVATION DIVISION

Date Approved FEB 25 1991

By ORIGINAL SIGNED BY

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.