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Appropriate District Office
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DISTRICT II
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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

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

RECEIVED

NOV 17 1991

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, Texas 76102		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input checked="" 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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Sylvite Federal	Well No. 1	Pool Name, Including Formation Wildeat Morrow	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, NMFM, 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"/>	Address (Give address to which approved copy of this form is to be sent) P. O. Box 2436, Abilene, Texas 79604					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) 1000 Louisiana, Suite 6770, Houston, TX 77002					
If well produces oil or liquids, give location of tanks.	Unit E	Sec. 6	Twp. 20-S	Rge. 30-E	Is gas actually connected? yes	When? original completion

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					X
Date Spudded 12-9-90	Date Compl. Ready to Prod. Recomp 10/6/91		Total Depth 12,090'		P.B.T.D. 11,725'			
Elevations (DF, RKB, RT, GR, etc.) 3262' GR 3285' KB	Name of Producing Formation Morrow		Top Oil/Gas Pay 11,658'		Tubing Depth 11,611.62'			
Perforations 11,648' - 11,670' (24 holes) 11,712' - 11,722' (20 holes)					Depth Casing Shoe 12,089'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
26	20		387		1175 Post IO-2			
17 1/2	13 3/8		1,310		1120 12-27-91			
12 1/4	8 5/8		3,208		1275 comp Morrow			
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	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 1200	Length of Test 24 hours	Bbls. Condensate/MMCF -0-	Gravity of Condensate NA
Testing Method (pilot, back pr.) 4-point	Tubing Pressure (Shut-in) 1369	Casing Pressure (Shut-in) NA	Choke Size 16/64"

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 James F. O'Briant Agent for Fortson
Printed Name James F. O'Briant Title (915) 683-5511
Date 11/25/91 Telephone No.

OIL CONSERVATION DIVISION

Date Approved DEC 26 1991

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.