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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

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

OCT 1 1991

C. L. D.  
ARTESIA OFFICE

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator Fortson Oil Company ✓		Well API No.
Address 301 Commerce St., Ste. 3301 Fort Worth, TX 76102		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input checked="" 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		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Sylvite Federal	Well No. 2	Pool Name, including Formation <del>Inde</del> Parkway - Delaware	Kind of Lease State, (Federal) or Fee	Lease No. NM 84721
Location Unit Letter E : 1980' Feet From The North Line and 467' Feet From The West Line Section 6 Township 20 South Range 30 East, NMMP, 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"/> Pride Pipeline Company	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 type="checkbox"/> NA	Address (Give address to which approved copy of this form is to be sent) NA					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When ?
		6	20	30	NA	
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 3/13/91	Date Compl. Ready to Prod. 4/24/91		Total Depth 4001'		P.B.T.D. 3572'			
Elevations (DF, RKB, RT, GR, etc.) 3263' GR	Name of Producing Formation Delaware		Top Oil/Gas Pay 3532'		Tubing Depth 3482.20'			
Perforations 3532' - 3538'					Depth Casing Shoe 4002.65'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2	13 3/8		431.54		895 Post ID-2			
12 1/4	9 5/8		1327.00		485 11-8-91			
8 3/4	7		3269.00		320 comp + BR			
6 1/4	4 1/2		4002.65		2 stages total 515			

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 4-24-91	Date of Test first Delaware test.	Producing Method (Flow, pump, gas lift, etc.) Pumping 2" X 1 1/2" X 16' RWBC	
Length of Test 24 hours	Tubing Pressure 30	Casing Pressure 30	Choke Size NA
Actual Prod. During Test 26 barrels total fluid	Oil - Bbls. 11	Water - Bbls. 15	Gas - MCF less than 1 MCF/day

GAS WELL NOTE: The well began making oil 8/91 and as of middle of September was considered commercial production.

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  
James E. O'Briant  
Printed Name  
10/10/91  
Date  
Consultant  
(915) 683-5511  
Telephone No.

OIL CONSERVATION DIVISION

Date Approved OCT 2 9 1991

By ORIGINAL SIGNED BY  
MINE WILLIAMS  
Title SUPERVISOR, DISTRICT I

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.