

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

AUG 28 1992

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS**

O. C. D.
OFFICE

I.		Well API No.
Operator Fortson Oil Company ✓		30-015-27050
Address 301 Commerce St., Suite 3301		
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		

Testing Allowable - August - 1200 Bbl

II. DESCRIPTION OF WELL AND LEASE				
Lease Name Pinnacle State	Well No. 1	Pool Name, including Formation Herradura Bend, East	Kind of Lease State, Federal or Fee State	Lease No. V-3479
Location				
Unit Letter L	1980	Feet From The South	Line and 330	Feet From The West
Section 36	Township 22S	Range 28E	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)		
Pride Pipeline Co.		P. O. Box 2436, Abilene, TX 79604		
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)		
If well produces oil or liquids, give location of tanks.	Unit L	Sec. 36	Twp. 22S	Rge. 28E
Is gas actually connected?	When?		Est 10/5/92	
If this production is commingled with that from any other lease or pool, give commingling order number: N/A				

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 7/24/92	Date Compl. Ready to Prod. 8/18/92		Total Depth 6450'		P.B.T.D. 6382'			
Elevations (DF, RKB, RT, GR, etc.) 3138' KB 3125' GL	Name of Producing Formation Delaware		Top Oil/Gas Pay		Tubing Depth			
Perforations 6013-6226'					Depth Casing Shoe 6450'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

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 8/25/92	Date of Test	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. Request 2130 bbls	Water - Bbls.	Gas - MCF
Aug. testing allowable			
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		OIL CONSERVATION DIVISION	
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.		Date Approved AUG 28 1992	
<i>Jack R. Gevecker</i>		By ORIGINAL SIGNED BY	
Signature Jack R. Gevecker Engineering Manager		MIKE WILLIAMS	
Printed Name 8/25/92 (817) 335-5641		Title SUPERVISOR, DISTRICT II	
Date		Telephone No.	

- 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.