## DIME OF ITEM ITEMED 89, Minerals and Natural Resources Department,

Revised 1-1-89 See Instructions at Bottom of Page

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

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

FORTSON OIL COM	PANY						Well 30	0-015- 2709	3 .	
Address 3325 W. WADLEY,	SUITE 2	13, Mi	dland	l, TX	79707		<del></del>			
Reason(s) for Filing (Check proper box)						ther (Please exp	lain)			
New Well	(	Change in	Transpor	rter of:		•				
Recompletion	Oil		Dry Gas							
Change in Operator	Casinghead	Cu 🔯	Monden	11 sle						
f change of operator give name and address of previous operator										
I. DESCRIPTION OF WELL	AND LEA	SE								
Lease Name	Well No.   Pool Name, Inclu				ing Formatio	0		Lease No.		
PINNACLE STATE						AWARE, E	AST State,	Reduced to East	∕V⊷3479	
Location							-	•	·	
Unit Letter F	1980	)	Feet Pro	m The _N	orth_L	ine and165	60 F	eet From The We	stLine	
Section 36 Townsh	ip 22Sou	ıth	Range	28 Eas	it l	NMPM,	Eddy		County	
	ian o neemn	OF O	I ANIE	NIATE!	DAL GAS	2				
III. DESIGNATION OF TRANSPORTER OF OIL AND NATUR Name of Authorized Transporter of Oil  or Condensate						Address (Give address to which approved copy of this form is to be sent)				
A Authorized Transporter of Cosinghest Gas. Typy or Dry Gas						Address (Give address to which approved copy of this form is to be sent)				
Name of Authorized Transporter of Casinghead Gas					1400 s	. Boston.	Ste. 5	00, Tulsa,	OK 74119	
f well produces oil or liquids, ive location of tanks.		Sec.	Twp.	Rge.	Is gas actually connected? When Yes			4/6/93		
this production is commingled with that	from any other	lease or p	ool, give	commingl	ing order nu	nber:				
v. COMPLETION DATA		Oil Well	G	s Well	New Wel	Workover	Deepen	Plug Back San	ne Res'v Diff Res'v	
Designate Type of Completion	Date Compl.	Pandy to	Dend		Total Depth	_ <del></del>	<del></del>	P.B.T.D.		
Date Spudded	Date Compi.	Ready to	Lion							
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
					L			Depth Casing Sh	i06	
erforations .										
	тт	IRING	CASIN	G AND	CEMENT	ING RECOR	D			
1101 5 0175	CASI	NG & TU	BING SI	ZE	DEPTH SET			SAC	SACKS CEMENT	
HOLE SIZE		CASING & TUBING SIZE							10 1 D - 3	
								12-3	31-93	
	-			•				- chiq	GTI TPC	
	-									
TEST DATA AND REQUE	ST FOR AL	LOWA	BLE				11.7.4	i. Janek an ha far 6	all 24 hours	
IL WELL (Test must be after	recovery of tota	il volume d	of load oi	l and must	be equal to	or exceed top all	owable jor in	etc.	21 24 110 25 3.7	
e First New Oil Run To Tank Date of Test					Producing Method (Flow, pump, gas lift, etc.)					
					Casing Pres			Choke Size		
Length of Test	Tubing Pressure				Cating ries	Parie				
	Oil - Bbls.				Water - Bb	is.		Gas- MCF		
Actual Prod. During Test	Oil - Bois.									
GAS WELL							=			
Actual Prod. Test - MCF/D Length of Test					Bbls. Condensate/MMCF			Gravity of Condensate		
					College Desi	(Shirt Ja)		Choke Size		
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)					
I. OPERATOR CERTIFIC	ATE OF	COMP	LIAN	CE		011 001	יסבטי	ATIONEDI	VICION	
I hereby certify that the rules and regul	ations of the O	il Conserv	ation		OIL CONSERVATION DIVISION					
Division have been complied with and that the information given above					.ଅକ୍ର ଓ <b>ର 188</b> 2					
is true and complete to the best of my bountedge and belief.					Date Approved <u>SEC 2.8 1993</u>					
(Yudi. 1	1)116	M				• •				
July 1	1/1/14		<u> </u>		∥ By₋	SI/Pi	RVICES	Dia		
Signature Judy Dixon Production Technician					BySUPERVISOR, DISTRICT II					
Printed Name Title					Title					
12/3/93	(915) 520	0-4347	hone No.							
Date		1 eteb	WOUE 140			المراقين المراقيين			- g- 2 1460	

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.