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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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Fortson Oil Company	Well API No. 30-015-27141
Address 301 Commerce Street, Suite 3301, Ft. Worth, Texas 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 Pinnacle State	Well No. 6	Pool Name, Including Formation East Herradura Bend Delaware	Kind of Lease State, Federal or Fee	Lease No. V-3479
Location Unit Letter G : 1980 Feet From The N Line and 2310 Feet From The E Line Section 36 Township 22 S Range 28 E , 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"/> Pride Pipeline Co.	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"/> Transwestern Pipeline Co.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1188, Houston, Texas 77251-1188					
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 36	Twp. 22S	Rge. 28E	Is gas actually connected? yes	When? 12/1/92

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 X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 10/26/92	Date Compl. Ready to Prod. 12/02/92		Total Depth 6420' KB (Driller)			P.B.T.D. 6370' KB		
Elevations (DF, RKB, RT, GR, etc.) 3112' GL	Name of Producing Formation Lower Brushy Canyon		Top Oil/Gas Pay 6204'			Tubing Depth 6045'		
Perforations 6204 - 6212' 4 JSPF 40 Holes						Depth Casing Shoe 6420' KB		
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		
12 1/4"	8 5/8"		559' KB			425 SX		
7 7/8"	5 1/2"		6420' KB			1625 SX/2 Stage		
	2 7/8"		6045' KB					

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 12/3/92	Date of Test 12/3/92	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24	Tubing Pressure 180	Casing Pressure 1230	Choke Size 18/64
Actual Prod. During Test	Oil - Bbls. 93	Water - Bbls. 250	Gas - MCF 103

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

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
Printed Name
12/17/92
Date

Agent
Title
(915) 683-5511
Telephone No.

OIL CONSERVATION DIVISION

Date Approved DEC 8 0 1992

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