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State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

RECEIVED

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

NOV 16 1992

O. C. D.
ARTESIA OFFICE

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Fortson Oil Company ✓	Well API No. 30-015-27142
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 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. 7	Pool Name, Including Formation E. Herradura Bend Delaware	Kind of Lease State, Federal or Private	Lease No. V-3479
Location Unit Letter <u>D</u> : <u>660</u> Feet From The <u>North</u> Line and <u>330</u> Feet From The <u>West</u> Line Section <u>36</u> Township <u>22 South</u> Range <u>28 East</u> , NMPM, <u>Eddy</u> 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 checked="" 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 <u>D</u>	Sec. <u>36</u>	Twp. <u>22S</u>	Rge. <u>28E</u>	Is gas actually connected? <u>yes</u>	When? <u>11/11/92</u>

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 <u>9/30/92</u>	Date Compl. Ready to Prod. <u>10/9/92</u>		Total Depth <u>6440'</u>		P.B.T.D. <u>6349'</u>			
Elevations (DF, RKB, RT, GR, etc.) <u>3111' GR</u>	Name of Producing Formation <u>Delaware</u>		Top Oil/Gas Pay <u>6000'</u>		Tubing Depth <u>5914'</u>			
Perforations <u>6000' - 6032' (Upper) 6238' - 6258' (Lower)</u>					Depth Casing Shoe <u>6439'</u>			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>12-1/4</u>	<u>8-5/8</u>		<u>549</u>		<u>450</u> <u>Part TD-2</u>			
<u>7-7/8</u>	<u>5-1/2</u>		<u>6440</u>		<u>First: 450</u> <u>12-11-92</u>			
	<u>D.V. tool at 4202' K.B.</u>				<u>Second: 825</u> <u>comp + BK</u>			

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 <u>11/8/92</u>	Date of Test <u>11/9/92</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Flowing</u>	
Length of Test <u>24 hours</u>	Tubing Pressure <u>150</u>	Casing Pressure <u>1120</u>	Choke Size <u>24/64"</u>
Actual Prod. During Test	Oil - Bbls. <u>144</u>	Water - Bbls. <u>309</u>	Gas- MCF <u>109</u>

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (<u>pilot, back pr.</u>)	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.

Sheryl L. Jonas
Signature
Sheryl L. Jonas Agent for Fortson Oil Co.
Printed Name Title
November 12, 1992 (915) 683-5511
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved NOV 17 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.