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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
O. C. D.
ARTESIA

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Op

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

Operator Fortson Oil Company		Well API No. 30-015-27188
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. 10	Pool Name, Including Formation E. Herradura (Delaware)	Kind of Lease State, Federal or Fee	Lease No. V-3479
Location Unit Letter <u>I</u> : <u>1980</u> Feet From The <u>South</u> Line and <u>990</u> Feet From The <u>East</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"/>	Address (Give address to which approved copy of this form is to be sent) Prode Pipeline Co. P. O. Box 2436, Abilene, TX 79604			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) Transwestern Pipeline Co. P. O. Box 1188, Houston, Texas 77251-1188			
If well produces oil or liquids, give location of tanks.	Unit I	Sec. 36	Twp. 22S	Rge. 28E
Is gas actually connected?	yes		When? 12/29/92	

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 XX	Gas Well	New Well XX	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 11/12/92	Date Compl. Ready to Prod. 12/19/92		Total Depth 6460'		P.B.T.D. 6136'			
Elevations (DF, RKB, RT, GR, etc.) 3140' GL	Name of Producing Formation Delaware		Top Oil/Gas Pay 6044'		Tubing Depth 5909'			
Perforations 6044' - 6050'; 6082' - 6102'					Depth Casing Shoe 6458'			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4	8-5/8	557'	450
7-7/8	5-1/2	6459'	Two State Total 1275

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 12/19/92	Date of Test 12/20/92	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hours	Tubing Pressure 100 psig	Casing Pressure packer	Choke Size 32/64
Actual Prod. During Test	Oil - Bbls. 211	Water - Bbls. 246	Gas - MCF 211

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.

Sheryl L. Jonas
Signature
Sheryl L. Jonas/Agent for Fortson Oil Co.
Printed Name
January 6, 1992
Date
(915) 683-5511
Telephone No.

OIL CONSERVATION DIVISION

Date Approved JAN 18 1993

By ORIGINAL SIGNED BY
MIKE WILLIAMS
SUPERVISOR, DISTRICT II

Title _____

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