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Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

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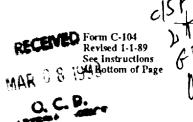
DISTRICTIU

State of New Mexico Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088



I.	REQ		R ALLOWA							
Operator	TO TRANSPORT OIL AND NATURAL GA						Well API No.			
Fortson Oil Company			30-015-27254							
Address										
301 Commerce Street,		3301, Fo	rt Worth,	Texas	76102					
Reason(s) for Filing (Check proper box)				Ou	ner (Please exp	lain)				
New Well		Change in Tr	• —							
Recompletion	Oil		ry Gas \square							
Change in Operator	Casinghea	nd Gas C	ondensate							
If change of operator give name and address of previous operator										
II. DESCRIPTION OF WELL Lease Name	AND LE		ol Name, Includ	ing Formation		Kind	of Lease		ease No.	
Pinnacle State		11 E	. Herradu	ra Bend,	Delawar		**X X////X/Y	V-	3479	
Location										
Unit LetterM	:990	<u>) </u>	et From The <u>S</u>	outh Lir	e and <u>400</u>) <u> </u>	eet From The	West	Line	
Section 3.6 Towns	nip 22 Sc	outh R	inge 28 E	ast ,N	мрм,	Eddy			County	
III. DESIGNATION OF TRA	NSPORTE			RAL GAS	 					
Name of Authorized Transporter of Oil XX or Condensate					Address (Give address to which approved copy of this form is to be sent)					
Pride Pipeline Co.					P. O. Box 2436, Abilene, Texas 79604					
Name of Authorized Transporter of Casi:	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					1188	
If well produces oil or liquids, give location of tanks.	Unit	Sec. Tv 36 3	vp. Rge. 22S 28E	Is gas actually connected? When yes			2/6/93			
If this production is commingled with that IV. COMPLETION DATA	from any oth	er lease or poo	l, give commingl	ling order num	ber:					
Designate Type of Completion	X)	Oil Well	Gas Well	:	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
		I X Neady to Pro	<u> </u>	Total Depth	1	1	P.B.T.D.		_l	
Date Spudded	Date Comp		XI.		en t			6280'		
12/22/92 Elevations (DF, RKB, RT, GR, etc.)					6373 Top Oil/Gas Pay			Tubing Depth		
					5966'			5906'		
3094' GR Delaware					900		Depth Casing	Shoe		
5966'-6000'; 6144'-6	158': 6	188!-621	· •				63	73'		
	Ţ	UBING, CA	SING AND	CEMENTI	NG RECOR	ID	- ₁			
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			SA	SACKS CEMENT		
12-1/4	8-5/8			552			425 sacks			
7-7/8					63.7.3			805 sac	ks	
				4500' D.V. too			1	2 stages		
	00000	i i oittan	1 1 2				<u> </u>			
V. TEST DATA AND REQUE	ST FOR A	LLOWAB	LB.	1		awahla far thi	e denth or he fo	r full 24 haum	-c)	
OIL WELL (Test must be after			saa oii ana musi	Producing M	ethod (Flow, pu	umn pas lift a	uc)	7 / 10 10 10 10 10 10 10 10 10 10 10 10 10		
Date First New Oil Run To Tank	Date of Test 2/20/93			Pump		<i>π,φ, 8</i> αο 191, τ				
1-24-93		<u>. </u>					Choke Size	Choke Size		
Length of Test	Tubing Pre	ssure		Casing Press.						
24 hours	O'I BU			Water - Bbls.			Gas- MCF			
Actual Prod. During Test	Oil - Bbls. 71			194			121			
GAS WELL										
Actual Prod. Test - MCF/D	Length of	l'est		Bbls. Conden	sale/MMCF		Gravity of Co	ndensate		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size			
UI ODED : DOD ODE	1	001/01	ANCE	İ					· · · · · · · · · · · · · · · · · · ·	
VI. OPERATOR CERTIFIC				\parallel	OIL CON	ISFRV.	ATION D	IVISIO	N	
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 MAR 1 9 1993					
				Date	Approve	a	101 A V	· ·		
$=$ $(M_{IBM} \sqrt{2})$	11/11									
Signature	1:66			By_			SIGNED B	<u>.</u>		
Signature / Shervl L. Jonas Ag	ent for	Fortson	Oil Co.	[]	ħ	AIKE WILL	JAMS			

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

(915)

Printed Name

3/3/93 Date

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

Title_

SUPERVISOR, DISTRICT IT

2) All sections of this form must be filled out for allowable on new and recompleted wells.

Title

Telephone No.

5511

- 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.