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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

RECEIVED Form C-104  
Revised 1-1-89  
See Instructions  
Bottom of Page  
MAR 08 1993  
O.C.D.  
Adverse

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator Fortson Oil Company	Well API No. 30-015-27254
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. 11	Pool Name, Including Formation E. Herradura Bend, Delaware	Kind of Lease State, <del>FEEDING</del> <del>FEED</del>	Lease No. V-3479
Location Unit Letter <u>M</u> : <u>990</u> Feet From The <u>South</u> Line and <u>400</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 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 I	Sec. 36
	Twp. 22S	Rge. 28E
	Is gas actually connected? yes	When? 2/6/93

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 12/22/92	Date Compl. Ready to Prod. 2/6/93		Total Depth 6373'		P.B.T.D. 6280'			
Elevations (DF, RKB, RT, GR, etc.) 3094' GR	Name of Producing Formation Delaware		Top Oil/Gas Pay 5966'		Tubing Depth 5906'			
Perforations 5966'-6000'; 6144'-6158'; 6188'-6214'					Depth Casing Shoe 6373'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4	8-5/8		552		425 sacks			
7-7/8	5-1/2		6373		805 sacks			
			4500' D.V. too		2 stages			

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 1-24-93	Date of Test 2/20/93	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hours	Tubing Pressure ---	Casing Pressure 400	Choke Size ---
Actual Prod. During Test	Oil - Bbls. 71	Water - Bbls. 194	Gas - MCF 121

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  
3/3/93 (915) 683-5511  
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved MAR 19 1993  
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.