

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION

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

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Fortson Oil Company	Well API No. 30-015-27438
Address 3325 W. Wadley, Ste #213, Midland, TX 79707	
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 Poker Lake Unit	Well No. 79	Pool Name, Including Formation Poker Lake (Delaware) <i>Wildcat Delaware</i>	Kind of Lease State, Federal, or Private	Lease No. B-10679
Location Unit Letter <u>M</u> : <u>660</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>West</u> Line Section <u>2</u> Township <u>25S</u> Range <u>30E</u> , <u>NMPM</u> 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, TX 79604					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When?

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	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 8/21/93	Date Compl. Ready to Prod. 10/1/93		Total Depth 8000		P.B.T.D. 7909			
Elevations (DF, RKB, RT, GR, etc.) 3357 GL	Name of Producing Formation Delaware		Top Oil/Gas Pay 7720		Tubing Depth 7824			
Perforations 7720-7746 7640-7666KB					Depth Casing Shoe			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2	13-3/8	696	650
12 1/4	8-5/8	3965	2200
7 7/8	5-1/2	8003	1st sx 370; 2nd sx 650
	2 7/8	7824	

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 10/1/93	Date of Test 11/28/93	Producing Method (Flow, pump, gas lift, etc.) 2-1/2 X 1-3/4" X 16' X 20' RHBC	
Length of Test 24	Tubing Pressure	Casing Pressure 110	Choke Size <i>Part ID-2</i>
Actual Prod. During Test	Oil - Bbls. 69	Water - Bbls. 71	Gas- MCF <i>1-28-94</i> <i>camp & RR</i>

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 *Judy Dixon*
Printed Name Judy Dixon Production Technician
Date 12/27/93 Telephone No. (915) 520-4347

OIL CONSERVATION DIVISION

Date Approved *DEC 29 1993*

By _____

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.