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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

SEP 10 1993

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Fortson Oil Company		Well API No. 30-015-27536
Address 301 Commerce Street, Suite 3301, Ft. Worth, Texas 76102		
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain)		
New Well <input checked="" type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	Request permission to move 1000 barrels of test oil, on hand as of this date.
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Poker Lake Unit	Well No. 78	Pool Name, Including Formation Poker Lake (Delaware)	Kind of Lease <input checked="" type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input checked="" type="checkbox"/> Other	Lease No. LC-061705-B
Location Unit Letter A : 660 Feet From The North Line and 660 Feet From The East Line Section 25 Township 24-South Range 30-East, NMPM, 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, Texas 79604					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Not at this time.	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 A	Sec. 25	Twp. 24S	Rge. 30E	Is gas actually connected? No	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 <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 8/5/93	Date Compl. Ready to Prod. 9/5/93		Total Depth 8080' Wireline		P.B.T.D. 7997'			
Elevations (DF, RKB, RT, GR, etc.) 3441' GR	Name of Producing Formation Delaware		Top Oil/Gas Pay 7944'		Tubing Depth 7731'			
Perforations 7944 - 7964' (21 holes)		7856' - 7870' (15 holes)		Depth Casing Shoe 8078.50'				
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2	13-3/8		705		650			
12-1/4	8-5/8		4202.5'		2200			
7-7/8	5-1/2		8079.80'		1340 2 stage			

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 9/5/93	Date of Test 9/8/93	Producing Method (Flow, pump, gas lift, etc.) Flowing		Part ID-2 10-29-93
Length of Test 24 hours	Tubing Pressure 780	Casing Pressure 1150	Choke Size 14/64	comp & B14
Actual Prod. During Test	Oil - Bbls. 264	Water - Bbls. 30	Gas - MCF 327	

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
Sheryl L. Jonas/Agent for Fortson Oil Company
Printed Name
9/9/93
Date
(915) 683-5511
Title
Telephone No.

OIL CONSERVATION DIVISION

Date Approved SEP 20 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.