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LAND OFFICE	
TRANSPORTER	OIL ✓ GAS ✓
OPERATOR	✓
PROMOTION OFFICE	

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator  
**Fred Pool Drilling, Inc.** ✓

Address  
**Box 1393 Roswell, N.M. 88201**

Reason(s) for filing (Check proper box) Other (Please explain)

New Well  Change in Transporter of: Oil  Dry Gas   
 Recompletion  Casinghead Gas  Condensate  name change only  
 Change in Ownership

If change of ownership give name and address of previous owner **No ownership change**

DESCRIPTION OF WELL AND LEASE

Lease Name <b>Plains State</b>	Well No. <b>11</b>	Pool Name, including Formation <b>E Chisum SA</b>	Kind of Lease State, Federal or Fee <b>SA</b>	Lease <b>K2114</b>
Location Unit Letter <b>H</b> ; <b>2310</b> Feet From The <b>N</b> Line and <b>330</b> Feet From The <b>E</b> Line of Section <b>16</b> Township <b>11S</b> Range <b>28E</b> , NMPM, <b>Chaves</b> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <b>Navajo Crude Oil Purchasing Co.</b>	Address (Give address to which approved copy of this form is to be sent) <b>Box 159 Artesia, N.M. 88210</b>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>Liquid Energy Corp</b>	Address (Give address to which approved copy of this form is to be sent) <b>Box 1589 The Woodlands, Tex 77380</b>
If well produces oil or liquids, give location of tanks. Unit <b>H</b> Sec. <b>16</b> Twp. <b>11S</b> Rge. <b>28E</b>	Is gas actually connected? <b>yes</b> When <b>9-1-81</b>

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. R
Date Spudded	Date Compl. Ready to Prod.	Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay			Tubing Depth			
Perforations					Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
			<b>Post ID-3</b>
			<b>5-10-85</b>
			<b>Chg of Name</b>

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 60% of total volume of load oil for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

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

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.

*Fred Pool*  
(Signature)  
Secretary  
(Title)  
4-10-85  
(Date)

OIL CONSERVATION DIVISION  
APPROVED **MAY 3 1985**, 19  
BY Les A. Clements  
TITLE Supervisor District II

This form is to be filed in compliance with RULE 1104.  
If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the devt tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for a well on new and recompleted wells.  
Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of conditions.  
Separate Forms C-104 must be filed for each pool in multicompleted wells.