

P. O. BOX 20811  
SANTA FE, NEW MEXICO 87501

RECEIVED

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

JUL 22 1981

O. C. D.  
ARTESIA OFFICE

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Fred Pool Operating Co.

Address

Clovis Star Rt. Box 1300, Roswell, N.M. 88201

Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input checked="" type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

If change of ownership give name and address of previous owner: Fred Pool Drilling Co. same address

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Fee
Corn & Corn	1	<del>Wagon</del> <del>Wagon</del>	State, Federal or Fee	
Location	Unit Letter	Feet From The	Line and	Feet From The
	0	1940	E	660
Line of Section	Township	Range	NMPM	County
24	54	24E		Chaves

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Transwestern Pipeline Company	P.O. Box 2521 Houston, Texas 77001
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
0	NO APRIL 2 weeks

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

COMPLETION DATA

Designate Type of Completion -- (C)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Ream Restv.	Diff. R.
		X	X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B. P.D.					
1-16-80	2-29-80	4475	4460					
Elevations (OT, RAB, RT, CP, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Testing Depth					
3904 OR	Alb	3822	3740					
Preparations			Depth Casing Shoe					
3822-3836 1 hole/ft.	3746-3840 1 hole/ft.		4600					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17"	13 1/8"	100 ft.	350 cu. ft. C10
12"	8 5/8"	1400 ft.	360 cu. ft. C10
7 7/8"	6 1/2"	1600 ft.	400 cu. ft. C10

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 24 hrs 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
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
3.233 MCF	4 hrs.	none	none
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size
Multiple point and 1 pt.	905	900	1"

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)  
Secretary  
(Title)  
7-1-81  
(Date)

OIL CONSERVATION DIVISION

APPROVED SEP 1 1981  
BY W. R. Gressett  
TITLE SUPERVISOR, DISTRICT

This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or d well, this form must be accompanied by a tabulation of the d tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely fo able 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 Separate Forms C-104 must be filed for each pool in