ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Revised 10-1-78

RECEIVED BY
JAN 18 1984
O. C. D.
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.
Operator: Fred Pool Operating Co. ✓

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

Reason(s) for filing (Check proper box)
New Well [X]
Recompletion [ ]
Change in Ownership [ ]
~~Change~~ ADD in Transporter of:
Oil [ ]
Casinghead Gas [ ]
Dry Gas [X]
Condensate [✓]

Other (Please explain)

If change of ownership give name and address of previous owner ____________

II. DESCRIPTION OF WELL AND LEASE L-7048

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease State, Federal or Fee	Lease No.
Byrom State	1	~~Penn Wildcat~~ Foor Ranch Pre-Permian Gas	State	L6408

Location
Unit Letter I ; 660 Feet From The E Line and 1980 Feet From The S
Line of Section 1 Township 9S Range 26E , NMPM, Chaves County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [ ] or Condensate [X]	Address (Give address to which approved copy of this form is to be sent)
Navajo Crude Oil Purchasing Company	PO Drawer 159, Artesia, NM 88210
Name of Authorized Transporter of Casinghead Gas [ ] or Dry Gas [X]	**Address (Give address to which approved copy of this form is to be sent)**
Transwestern Pipeline Co.	Box 2521, Houston, Texas 77001

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	I	1	9S	26E	~~no~~ yes	12-12-81

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X	X					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
6-22-81	9-26-81	6490	6417
Elevations (DF, RKB, RT, GR, etc.)	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
Gl 3882	Penn	6204	6130

Perforations: 6204 - 6228
Depth Casing Shoe: —

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
~~10"~~ 7 7/8	8 5/8	1960	650 sx, 1" from 8
	4½	6447	200 sx 35/65 Poz 2% CaCl

V. TEST DATA AND REQUEST FOR ALLOWABLE (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)

OIL WELL

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
250	24	~~0~~ TRACE	-
Testing Method (pitot, back pr.)	**Tubing Pressure (Shut-in)**	**Casing Pressure (Shut-in)**	**Choke Size**
4 pt	1700	500	none

VI. 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.

Rita Pool
(Signature)
Secretary
(Title)
10-8-81
(Date)

OIL CONSERVATION DIVISION

APPROVED JAN 1 8 1984, 19__
BY Leslie 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 deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.