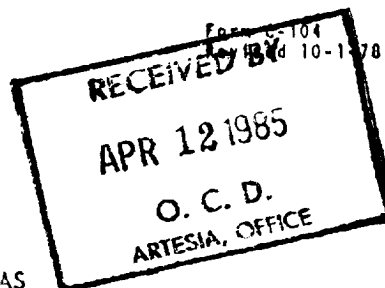


OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501



REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator  
Fred Pool Drilling, Inc. ✓

Address  
P.O.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 ☐ change name of Operator  
Recompletion ☐ Casinghead Gas ☐ Condensate ☐  
Change in Ownership ☐

If change of ownership give name and address of previous owner no, same as before Name change only Fred Pool Drilling

DESCRIPTION OF WELL AND LEASE

Lease Name Byrom State	Well No. 1	Pool Name, Including Formation Foor Ranch Pre-perm	Kind of Lease State, Federal or Fee state	Lease No. L-640
Location Unit Letter <u>I</u> ; <u>660</u> Feet From The <u>E</u> Line and <u>1980</u> Feet From The <u>S</u> Line of Section <u>1</u> Township <u>9S</u> Range <u>26E</u> , NMPM, Chaves Coun				

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 Co.	Box 2521 Houston, Texas 77001	
If well produces oil or liquids, give location of tanks.	Unit <u>I</u>	Sec. <u>1</u>
	Twp. <u>9S</u>	Rge. <u>26E</u>
	Is gas actually connected? <u>yes</u> When <u>1980</u>	

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. Re
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, CR, 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
			Post ID-3
			5-10-85
			Chg Op Name

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 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.

Renta Pool  
(Signature)

Secretary

(Title)

3-31-85

(Date)

OIL CONSERVATION DIVISION

APPROVED MAY 3 1985, 19

BY Original Signed 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 device tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all wells 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 filled for each pool in multi-completed wells.