

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

MAR 24 1982

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GASO. C. D.
ARTESIA, OFFICE

NO. OF COPIES REQUIRED	
DISTRIBUTION	
SANTA FE	1
FILE	1
U.S.O.S.	
LAND OFFICE	
TRANSPORTER	
OIL	
GAS	1
OPERATOR	1
PRODUCTION OFFICE	
Operator	

Fred Pool Operating Co.

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

Reason(s) for filing (Check proper box)

New Well



Recompletion



Change in Ownership



Change in Transporter of:

Oil



Casinghead Gas



Dry Gas



Condensate



Other (Please explain)

If change of ownership give name
and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease Name Eastland	Well No. 1	Pool Name, including Formation Fusselman	Kind of Lease State, Federal or Free	State L 6773	Lease
Location Unit Letter I : 660 Feet From The E Line and 1980 Feet From The N					
Line of Section 13 Township 9S Range 26E, NMPM, Chaves Cour					

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 I	Sec. 13	Twp. 9S	Rge. 26E	Is gas actually connected? yes	When 12-23-81

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'y.	Diff. Re
		X	X					
Date Spudded 6-30-81	Date Compl. Ready to Prod. 9-20-81	Total Depth 6204	P.B. F.D. 6144					
Elevations (D.F., R.L., RT, CR, etc.) 3816 G1	Name of Producing Formation Fusselman Perm.	Top Oil/Gas Pay 6072	Tubing Depth 6017					
Perforations 6072-6082 ft.	22 holes	Depth Casing Shoe 6190						

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2	13 3/8	318	425 sx C10 2% CR
12 1/4	8 5/8	1430	550 sx litepoz.
7 7/8	5 1/2	6190	450 sx 35/65 and
	2 3/8"	6017	175 sx 35/65.

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 oil
at 15% 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 631.80	Length of Test 24hrs.	Bbls. Condensate/MMCF 0	Gravity of Condensate
Testing Method (pilot, back pr.) flowing	Tubing Pressure (shut-in) 1977	Casing Pressure (shut-in) 2364	Choke Size none

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.

Secretary

10-8-81

(Signature)

(Title)

(Date)

OIL CONSERVATION DIVISION

MAR 25 1982

APPROVED

BY

SUPERVISOR, DISTRICT II

TITLE

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deeper
well, this form must be accompanied by a tabulation of the deviat
tests taken on the well in accordance with RULE 111.All sections of this form must be filled out completely for all
able on new and recompleted wells.Fill out only Sections I, II, III, and VI for changes of own
well name or number, or transporter, or other such change of creditSeparate Forms C-104 must be filed for each pool in multi
recompleted wells.