

## OIL CONSERVATION DIVISION

P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501Form C-104  
Revised 10-1-78REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED BY

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O. C. D.

ARTERIA OFFICE

|                       |                                     |
|-----------------------|-------------------------------------|
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| SANTA FE              | <input checked="" type="checkbox"/> |
| FILE                  | <input checked="" type="checkbox"/> |
| U.S.O.B.              |                                     |
| LAND OFFICE           |                                     |
| TRANSPORTER           | <input checked="" type="checkbox"/> |
| OPERATOR              | <input checked="" type="checkbox"/> |
| PRODUCTION OFFICE     |                                     |

Operator  
Fred Pool Drilling, Inc. ✓

Address

Box 1393 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)

name change only

If change of ownership give name  
and address of previous owner

No ownership change

Fred Pool Drilling, Inc.

## II. DESCRIPTION OF WELL AND LEASE

|   |               |  |  |                |
|---|---------------|--|--|----------------|
| Lease Name<br>Wagner  | Well No.<br>1 | Pool Name, including Formation<br>Pecos slope, Abo | Kind of Lease<br>State, Federal or Fee<br>Fed, fee | Lease<br>18489 |
| Location<br>Unit Letter <u>N</u> ; <u>1980</u> Feet From The <u>W</u> Line and <u>660</u> Feet From The <u>S</u><br>Line of Section <u>10</u> Township <u>7S</u> Range <u>26E</u> , NMPM, Chaves Cour |               |  |  |                |

## III. 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,<br>give location of tanks.  | Unit<br>N  | Ser.<br>10      |
|  | Twp.<br>7S   | Rge.<br>26E     |
|  | Is gas actually connected?<br>yes  | When<br>7-28-82 |

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 Restv. | Diff. R |
| Date Spudded                       | Date Compl. Ready to Prod.  |          | Total Depth     |          | P.B.T.D.          |           |             |         |
| Elevations (DF, RAB, 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 |
|           |                      |           | Past ID-3    |
|           |                      |           | 5-10-85      |
|           |                      |           | Chg Op Name  |

V. 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  
able 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            |

## 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.

(Signature)

Secretary

(Title)

4-10-85

(Date)

## OIL CONSERVATION DIVISION

MAY 3 1985

APPROVED

Original Signed By

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 devi  
tests taken on the well in accordance with RULE 111.All sections of this form must be filled out completely for a  
able on new and recompleted wells.Fill out only Sections I, II, III, and VI for changes of o  
well name or number, or transporter, or other such change of condiSeparate Forms C-104 must be filled for each pool in mul  
completed wells.