

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
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 Operating Company ✓

Address

Clovis Star Route Box 1300, Roswell, New Mexico 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)

MAY 20 1982

If change of ownership give name
and address of previous owner

O. C. D.

DESCRIPTION OF WELL AND LEASE

ARTESIA OFFICE

Lease Name Eastland State	Well No. #2	Pool Name, Including Formation Und. Fusselman	Kind of Lease State, Federal or Fee State	Lease No. L-6773
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Location

Unit Letter K ; 1980 Feet From The South Line and 1980 Feet From The WestLine of Section 13 Township 9S Range 26E , NMPM, Chaves County

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 77252
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
K 13 9S 26E	Yes May 5, 1982

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. Res'v.
		X	X					
Date Spudded 1/18/82	Date Compl. Ready to Prod. 2/24/82	Total Depth 6207	P.B.T.D. 6163					
Elevations (DF, RKB, RT, CR, etc.) 3829 G.L./ 3839 K.B.	Name of Producing Formation Fusselman	Top Oil/Gas Pay 6002	Tubing Depth 5934					
Perforations 6002-6050	Depth Casing Shoe 6206							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13 3/8"	272'	300 SX
12 1/4"	8 5/8"	1005'	830 SX
7 7/8"	5 1/2"	6206'	700 SX

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
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.
		Gas-MCF

Posted ID-2
6-28-82
comp + BR

GAS WELL

Actual Prod. Test-MCF/D 8882	Length of Test 4 hr	Bbls. Condensate/MMCF N.A.	Gravity of Condensate N.A.
Testing Method (prior, back pr.) 4-pt. back press.	Tubing Pressure (shut-in) 2017	Casing Pressure (shut-in) 2010	Choke Size 2 X 1.25

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.

Fred L. Pool III

(Signature)

Petroleum Engineer

(Title)

May 19, 1982

(Date)

OIL CONSERVATION DIVISION

MAY 26 1982

APPROVED _____, 19

BY W.A. Gressett
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.

Separate Forms C-104 must be filed for each pool in multiply