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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Arleta, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

RECEIVED

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

APR 2 '90

REQUEST FOR ALLOWABLE AND AUTHORIZATION O. C. D. TO TRANSPORT OIL AND NATURAL GAS

ARTESIA, OFFICE

I. Operator Fred Pool Drilling, Inc.		Well API No. 30 005 62734
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 ☐	
Recompletion ☐	Casinghead Gas ☐ Condensate ☐	
Change in Operator ☐		
If change of operator give name and address of previous operator Penta Radio Broadcasting Co		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Mesquite Tank	Well No. 1	Pool Name, Including Formation WC Devoian	Kind of Lease State, Federal or Fee	Lease No. Fee
Location Unit Letter M : 660 Feet From The South Line and 660 Feet From The West Line Section 29 Township 11S Range 28E , NMPM , Chaves County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Navajo Refining	Address (Give address to which approved copy of this form is to be sent) P.O. Drawer 159, Artesia, N.M.	
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 29
	Twp. 11S	Rge. 28E
	Is gas actually connected? No When ?	

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) X	Oil Well ☒	Gas Well ☐	New Well ☒	Workover ☐	Deepen ☐	Plug Back ☐	Same Ret'v ☐	Diff Ret'v ☐
Date Spudded 12-14-89	Date Compl. Ready to Prod. 1-15-90 3-20-90		Total Depth 7375'		P.B.T.D. 7326			
Elevation (DF, RKB, RT, GR, etc.) 3729' Gr	Name of Producing Formation Fusselman		Top Oil/Gas Pay 7286		Tubing Depth 7242			
Perforations 7286-88				Depth Casing Shoe				

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/2	8 5/8	2389	1200 sx Hal Lite
7 7/8	5 1/2	7375	600 sx 50/50 POZ
17 1/2	13 3/8	356	400 sx , cir.

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 allowable for this depth or be for full 24 hours.)

Date First New Oil Rnd To Tank 3-25-90	Date of Test 3-29-90	Producing Method (Flow, pump, gas lift, etc.) pump	
Length of Test 24hrs.	Tubing Pressure NA	Casing Pressure 38	Choke Size comp & 12 R
Actual Prod. During Test	Oil - Bbls. 52	Water - Bbls. 96	Gas - MCF Post ID-3 4-6-90

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. OPERATOR 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
Penta Pool
Printed Name
4-2-90
Date
623-8202
Telephone No.

Vice President
Title

OIL CONSERVATION DIVISION

Date Approved **APR 6 1990**

By **ORIGINAL SIGNED BY**
MIKE WILLIAMS
Title **SUPERVISOR, DISTRICT II**

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.