

Submit 3 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

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

State of New Mexico
Energy, Minerals and Natural Resources Department

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

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

AUG 17 '90

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator FRED POOL DRILLING, INC. ✓	Well API No. 30-005 62734
Address P.O. BOX 1393, ROSWELL, NEW MEXICO 88202	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
<input type="checkbox"/> New Well <input type="checkbox"/> Completion <input type="checkbox"/> Change of Operator	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> <input checked="" type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> Changing from Oil Well to Gas Well.
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name MESQUITE TANK	Well No. 1	Pool Name, Including Formation W C DEVONIAN	Kind of Lease State, Federal or Fed	Lease No. FEE
Location				
Unit Letter M	660	Feet From The SOUTH	Line and 660	Feet From The WEST
Section 29	Township 11S	Range 28E	NMPM, CHAVES County	

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 checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)												
TRANSWESTERN PIPELINE (PER FERC ORDER, NO NEW HOOK UPS) P.O. BOX 2521, HOUSTON, TX 77001													
If well produced oil or liquids, give location of tanks.	<table border="1"> <tr> <th>Unit</th> <th>Sec.</th> <th>Twp.</th> <th>Rge.</th> <th>Is gas actually connected?</th> <th>When?</th> </tr> <tr> <td>M</td> <td>29</td> <td>11S</td> <td>28E</td> <td>NO</td> <td>WHEN FERC PERMITS IT</td> </tr> </table>	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When?	M	29	11S	28E	NO	WHEN FERC PERMITS IT
Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When?								
M	29	11S	28E	NO	WHEN FERC PERMITS IT								
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 Ret'v	Diff Ret'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevation (DF, RRB, RT, GR, 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		

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 Rtn to Tank	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/MKCF	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.

Penta Pool
Signature
PENTA POOL VICE PRESIDENT

Printed Name
08/16/90

Title
623-8202

Date
Telephone No.

OIL CONSERVATION DIVISION

Date Approved **NOV 30 1990**

By _____ ORIGINAL SIGNED BY
MIKE WILLIAMS
SUPERVISOR, DISTRICT II

Title _____

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.