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Appropriate District Office
DISTRICT I
P.O. Box 1090, Artesia, NM 88210
DISTRICT II
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DISTRICT III
P.O. Box 100, Artesia, NM 88210

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-101
Revised 1-1-89
See Instructions
at Bottom of Page
RECEIVED
JUL 29 1991
U. C. D.
ARTESIA, OFFICE

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS**

I. Operator
Fred Pool Drilling, Inc. Well API No. **30-005-62835**
Address
P.O. box 1393, Roswell, N.M. 88201
Type of well for filing (check proper box)
New Well ☒ Change in Transporter of:
Re-completion ☐ Oil ☐ Dry Gas ☐
Change in Operator ☐ Casinghead Gas ☐ Condensate ☐
If change of operator give name and address of previous operator

II. DESCRIPTION OF WELL AND LEASE
Lease Name **Plains State "A"** Well No. **1** Pool Name, Including Formation **E. Chisum SA** Kind of Lease **State, Federal or Fee** Lease No. **Fee**
Location
Unit Letter **E** **2310** Feet From The **North** Line and **330** Feet From The **West** Line
Section **15** Township **11S** Range **28E**, **NMIM**, **Chaves** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☐ or Condensate ☐ **Navajo** Address (Give address to which approved copy of this form is to be sent) **P.O. Drawer 159, Artesia, N.M. 88201**
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 **E** Sec. **15** 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) ☐ Oil Well ☒ Gas Well ☒ New Well ☒ Workover ☐ Deepen ☐ Plug Back ☐ Same Res'v ☐ Diff Res'v
Date Spudded **3-28-91** Date Compl. Ready to Prod **6-28-91** Total Depth **2272** P.B.I.D. **3705**
Measurements (D.F., R.R.B., R.I., G.R., etc.) **3704 Gr** Name of Producing Formation **San Andres** Top Oil/Gas Pay **2161** Tubing Depth **2144**
Depth Casing Shoe **2161 ft.**
Open hole **2161-2272 ft.**

TUBING, CASING AND CEMENTING RECORD
HOLE SIZE **12 1/4** CASING & TUBING SIZE **8 5/8** DEPTH SET **382** SACKS CEMENT **275 C1 C, 2% CaCl**
7 7/8 **5 1/2** **2161 ft.** **125 sx 50/50 POZ**
2 3/5 **2144** **Post ID-2**
8-9-91
comp & RK

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 Flow Oil Run To Tank **7-22-91** Date of Test **7-23-91** Producing Method (Flow, pump, gas lift, etc.) **Pump**
Length of Test **24 hrs.** Tubing Pressure **20#** Casing Pressure **20#** Choke Size **NA**
Test Period During Test **24 hrs.** Oil - Bbls **24** Water - Bbls **-0-** Gas MCF **TSTM**

GAS WELL
Date First Flow Test **NA/F/D** Length of Test **NA** Bbls. Condensate/MMCF **NA** Gravity of Condensate **NA**
Test Period (start, back pr) **NA** Tubing Pressure (Shut in) **NA** Casing Pressure (Shut in) **NA** Choke Size **NA**

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 V-Pres.
Printed Name **7-26-91** Title
Date **7-25-91** Telephone No.

OIL CONSERVATION DIVISION
Date Approved **AUG 2 1991**
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.