

RECEIVED

DEC 05 '88

O. C. D.
ARTESIA, OFFICE

REGISTRATION	<input checked="" type="checkbox"/>
LAND OFFICE	<input checked="" type="checkbox"/>
OPERATIONS	<input checked="" type="checkbox"/>
PERMITS	<input checked="" type="checkbox"/>
REGISTRATION OFFICE	<input checked="" type="checkbox"/>

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Fred Pool Drilling, Inc.

Address
P.O. Box 1393, Roswell, NM 88202

Reasons for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Laurel State	Well No. 2	Pool Name, including Formation Artesia QN-GB-SA	Kind of Lease State, Federal or Fee State	Lease No. E 7179
Unit Level E	990	Feet From The west	Line and 1650	Feet From The north
Section 7	Twp. 18S	Range 28E	NMPM Eddy	County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Applicant (Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Refining Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Drawer 159, Artesia, NM 88210
Name of Transporter (Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips	Address (Give address to which approved copy of this form is to be sent) P.O. Box 5050 Bartlesville, OK 74004
Well production (Oil, Gas, or Condensate) C	Is gas actually connected? yes
Section 7	When 11/23/88

this well is not commingled with that from any other lease or pool, give commingling order number:

Completion Date 10/28/88	Oil Well <input checked="" type="checkbox"/> Gas Well <input checked="" type="checkbox"/> New Well <input checked="" type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v. <input type="checkbox"/> Diff. Res'v. <input type="checkbox"/>
Date Coral. Ready to Prod. 11/10/88	Total Depth 1690
Name of Producing Formation Penrose	Top Oil/Gas Pay 1589
Depth Casing Shoe 1589 - 1616	Tubing Depth 1580
	Depth Casing Shoe 1690

TUBING, CASING, AND CEMENTING RECORD

SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	7"	402	200 Post FD-2
6 1/4"	4 1/2"	1690	280 12-9-88
	2 3/8"	1580	comp & BK

TEST DATA AND REQUEST FOR ALLOWABLE (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 of Test 11-10-88	Date of Test 11-14-88	Producing Method (Flow, pump, gas lift, etc.) Flowing
Flowing Test 24	Tubing Pressure 150	Casing Pressure 150
Oil-Bbls. 11.3	Water-Bbls. 0	Gas-MCF 264

Length of Test 24 hrs	Bbls. Condensate/MCF 0	Gravity of Condensate 0
Tubing Pressure (shot-in) 350	Casing Pressure (shot-in) 350	Choke Size 1/2"

DECLARATION OF COMPLIANCE

I hereby declare that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and correct to the best of my knowledge and belief.

Secretary
(Signature)
Secretary
(Title)
11/30/88
(Date)

OIL CONSERVATION DIVISION
APPROVED DEC 7 1988
BY Original Signed By
Mike Williams
TITLE

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 change of owner, name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filed for each pool in multiple well.