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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
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20

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

| | |
|---|----------------------------|
| Operator Fortson Oil Company | Well API No. 3001526503 |
| Address 301 Commerce Street, Suite 3301, Fort Worth, TX 76102 | |
| Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Operator | |
| Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> Other (Please explain) Test allowable for 1,000 barrels condensate, for extended gas flow test (374 barrels on hand test show production of 6 BPH) Strawn formation 10,616 - 10,652' | |
| If change of operator give name and address of previous operator June 1991 | |

| | | | | |
|--|---------------|--|--|-----------------------|
| Lease Name Sylvite Federal | Well No. 1 | Pool Name, Including Formation Wildcat-Strawn | Kind of Lease State, Federal or Fee | Lease No. NM-84721 |
| Location Unit Letter E 1980 Feet From The North Line and 660 Feet From The West Line Section 6 Township T-20-S Range R-30-E, NMPM, Eddy County | | | | |

| | | | | |
|--|--|-----------|--------------|-------------|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Pride Pipeline Company | Address (Give address to which approved copy of this form is to be sent) P.O. Box 2436, Abilene, TX 79604 | | | |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> n/a | Address (Give address to which approved copy of this form is to be sent) n/a | | | |
| If well produces oil or liquids, give location of tanks. | Unit E | Sec. 6 | Twp. 20-S | Rge. 30E |
| Is gas actually connected? no | | | | |
| When Flared After 7/30/91 | | | | |
| UNLESS AN EXCEPTION FROM THE B. L. M. IS OBTAINED | | | | |

| | | | | | | | | |
|---|--|--|--|-----------------------------------|---------------------------------|------------------------------------|-------------------------------------|-------------------------------------|
| Designate Type of Completion - (X) | 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 Spudded 12-9-90 | Date Compl. Ready to Prod. 4/21/91 | | Total Depth 12,090' | | P.N.T.D. 11,990' | | | |
| Elevations (DF, RKB, RT, GR, etc.) 3262 GR 3285 KB | Name of Producing Formation Strawn | | Top Oil/Gas Pay 10,616' | | Tubing Depth 10,668' | | | |
| Perforations 10,719-10,722' 10,784'-10,756' | | 10,616-10,634 | | 10,642-10,652' | | Depth Casing Shoe 12,089' | | |
| TUBING, CASING AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| 26" | 20" | | 387 | | 1175 | | | |
| 17 1/2" | 13 3/8" | | 1,310 | | 1120 | | | |
| 12 1/4" | 8 5/8" | | 3,208 | | 1275 | | | |
| 7 7/8" | 5 1/2" | | 12,090 | | 1250 SKS | | | |

| | | | |
|---|-----------------------------|--|----------------------|
| 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 Tank 3/26/91 | Date of Test 3/26/91 | Producing Method (Flow, pump, gas lift, etc.) Flowing | |
| Length of Test 24 hours | Tubing Pressure 100 psig | Casing Pressure NA | Choke Size 32/64" |
| Actual Prod. During Test 96 barrels | Oil - Bbls. 96 | Water - Bbls. 10 | Gas - MCF 109 |

| | |
|-----------------------------------|---------------------------|
| GAS WELL | |
| Actual Prod. Test - MCF/D | Length of Test |
| Testing Interval (prod. back pr.) | Tubing Pressure (Shut-in) |
| Bbls. Condensate/MMCF | Gravity of Condensate |
| 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 Sheryl L. Jonas | Agent |
| Printed Name 5/29/91 | Title (915) 683-5511 |
| Date | Telephone No. |

| | |
|----------------------------------|--|
| OIL CONSERVATION DIVISION | |
| Date Approved MAY 30 1991 | |
| 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.