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 DISTRICT I
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State of New Mexico
 Energy, Minerals and Natural Resources Department

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 JUN 8 1992

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

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

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

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

**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 Texas 76102	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of operator give name and address of previous operator _____

II. DESCRIPTION OF WELL AND LEASE

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

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Pride Pipeline Company	P.O. Box 2435, Abilene, Texas 79604
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Delaware natural Gas Co.	1001 Louisiana, Suite 6770, Houston, TX 77002
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When ?
	E 6 20-S 30 E Yes N/A

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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input checked="" type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input checked="" type="checkbox"/>	Same Res'v <input type="checkbox"/>	Diff Res'v <input checked="" type="checkbox"/>
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Recompletion Date-4/13/92	4/25/92	12,090'	11,565' CIBP					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
3262 GR, 3285 KB	Strawn	10,616'	10,534.31'					
Perforations			Depth Casing Shoe					
10,616'-10,634' (18 holes) 10,643'-10,652' (10 holes)			12,089'					

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
26	20	387	1175 <i>Post ID-2</i>
17-1/2	13-3/8	1310	1120 <i>6-5-92</i>
12-1/4	8-5/8	3208	1275 <i>comp + BH</i>
7-7/8	5-1/2	12,090	1250

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 Run To Tank 4/25/92	Date of Test 5/1/92	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hrs.	Tubing Pressure 100	Casing Pressure N/A	Choke Size 64/64
Actual Prod. During Test 1	Oil - Bbls. 1	Water - Bbls. 0	Gas - MCF 17

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.

Sheryl L. Jonas
 Signature
 Sheryl L. Jonas Agent for Fortson Oil
 Printed Name Title
 5/28/92 (915) 683-5511
 Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved **JUN 8 1992**
 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.