

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

| | |
|------------------------|-----|
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| SANTA FE | |
| FILE | |
| U.S.G.S. | |
| LAND OFFICE | |
| TRANSPORTER | OIL |
| | GAS |
| OPERATOR | |
| PRODUCTION OFFICE | |

Operator
Fred Pool Drilling, Inc.

Address
P.O. box 1393 Roswell, N.M. 88201

| | | | |
|--|---|---|--|
| Reason(s) for filing (Check proper box) | | Other (Please explain) | |
| New Well <input type="checkbox"/> | Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> | CASINGHEAD GAS MUST NOT BE FLARED AFTER 1/1/86 UNLESS AN EXCEPTION TO R-4070 IS OBTAINED. | |
| Recompletion <input checked="" type="checkbox"/> | Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> | | |
| Change in Ownership <input type="checkbox"/> | | | |

If change of ownership give name and address of previous owner
THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR NOTIFY THIS OFFICE.

| | | | |
|--|---------------|--|--|
| DESCRIPTION OF WELL AND LEASE | | | |
| Lease Name Pearl State | Well No. 1 | Pool Name, including Formation SE Scharb, Wolf | Kind of Lease State, Federal or Fee State |
| Location Unit Letter 0 : 660 Feet From The South line and 1980 Feet From The East Line of Section 10 Township 19S Range 35E N.M.P.M. Lea Co. | | | |

| | | | |
|--|--|-------------|---------------------------------------|
| DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS | | | |
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) | | |
| Permian Corporation | P.O. Box 1183, Houston, Texas 77001 | | |
| 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) | | |
| Warren Petroleum | P.O. Box 1589 Tulsa, Ok. 74102 | | |
| If well produces oil or liquids, give location of tanks. | Unit 0 | Sec. 10 | Twp. 19S |
| | | Rge. 35E | Is gas actually connected? When no |

If this production is commingled with that from any other lease or pool, give commingling order number:

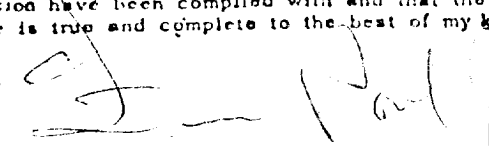
| | | | |
|---|--|-----------------------------------|--|
| COMPLETION DATA | | | |
| Designate Type of Completion -- (X) | Oil Well <input checked="" type="checkbox"/> | Gas Well <input type="checkbox"/> | New Well <input type="checkbox"/> Workover <input checked="" type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input checked="" type="checkbox"/> Same Res'ty. <input type="checkbox"/> Diff. P. <input type="checkbox"/> |
| Date Spudded 11-18-82 | Date Compl. Ready to Prod. 9-21-85 | Total Depth 54 | P.B.T.D. 5400 |
| Elevations (DF, RKB, RT, GR, etc.) 3798.5 GR | Name of Producing Formation Queen | Top Oil/Gas Pay 4965 | Tubing Depth 4934 |
| Perforations 4965-5051 5471-5477 | Depth Casing Shoe -- | | |

| | | | |
|--------------------------------------|----------------------|-----------|--------------|
| TUBING, CASING, AND CEMENTING RECORD | | | |
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
| | 2 3/8 | 4934 | |
| | | | |
| | | | |

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 Tanks 9-26-85 | Date of Test 10-25-85 | Producing Method (Flow, pump, gas lift, etc.) pumping | |
| Length of Test 24 hrs. | Tubing Pressure 20# | Casing Pressure 20# | Choke Size none |
| Actual Prod. During Test 22bbls.oil 140 water | Oil-Bbls. 22 | Water-Bbls. 140 | Gas-MCF 60 |

| | | | |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| GAS WELL | | | |
| Actual Prod. Test-MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate |
| Testing Method (prior, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size |

| | | | |
|--|--|---|--|
| CERTIFICATE OF COMPLIANCE | | OIL CONSERVATION DIVISION NOV 1 2 1985 | |
| 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. | | APPROVED _____, 1985 | |
|  (Signature) President (Title) October 24, 1985 (Date) | | BY ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR | |
| | | TITLE _____ | |
| | | This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the dev't tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for wells on new and recompleted wells. Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of conditions. Separate Forms C-104 must be filled for each pool in multi-completed wells. | |

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HOBBS OFFICE