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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and C-105  
Effective 1-1-65

Operator POE PROPERTIES, INC.	
Address P. O. Box 9769, Fort Worth, Texas 76107	
Reason(s) for filling (Check proper box)	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 Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name  
and address of previous owner \_\_\_\_\_

DESCRIPTION OF WELL AND LEASE

Lease Name SPRINKLE FEDERAL	Well No. 2	Pool Name, Including Formation Scharb - Bone Springs	Kind of Lease Federal	Lease No. NM-24166
Location				
Unit Letter A	660	Feet From The North	Line and 330	Feet From The East
Line of Section 9	Township 19S	Range 35E	, NMFM, Lea County	

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Refining Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 159, Artesia, NM 88210					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Company	Address (Give address to which approved copy of this form is to be sent) 3 HS & L Bldg., Bartlesville, Okla. 74004					
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 9	Twp. 19S	Rge. 35E	Is gas actually connected? --	When --

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't'v. <input type="checkbox"/>	Diff. Res't'v. <input checked="" type="checkbox"/>
Date Spudded 12-15-83	Date Compl. Ready to Prod. 1-8-86		Total Depth 10750'		P.B.T.D. 10500'			
Elevations (DF, RKB, RT, GR, etc.) 3865' G.L.	Name of Producing Formation Bone Springs		Top Oil/Gas Pay 9512'		Tubing Depth 9590'			
Perforations 9512-9520', 9524-9530', 9532-9538', 9548-9602'					Depth Casing Shoe 10750'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	13 3/8"		346'		400			
11"	8 5/8"		3480'		1700			
7 7/8"	5 1/2"		10750'		700			
--	2 7/8"		9590'		--			

TEST DATA AND REQUEST FOR ALLOWABLE (Text 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)

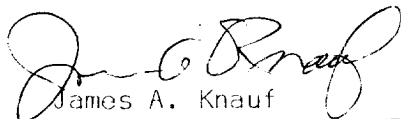
Date First New Oil Run To Tanks 1-13-86	Date of Test 1-13/14-86	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hours	Tubing Pressure --	Casing Pressure --	Choke Size --
Actual Prod. During Test 169	Oil-Bbls. 184	Water-Bbls. --	Gas-MCF 250

GAS WELL

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

I. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

  
James A. Knauf

Agent

(Signature)

(Title)

1-29-86

(Date)

OIL CONSERVATION COMMISSION

APPROVED **JAN 31 1986**, 19

BY **ORIGINAL SIGNED BY JERRY BEXTON**  
**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 tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all 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.

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