

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

Operator Fraser Industries, Inc.

Address P.O. Box 6099, Big Spring, Tx. 79720

Reason(s) for filing (Check proper box)

New Well Change in Transporter of:
 Recompletion Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate

Other (Plugged Gas MUST NOT BE
 PLUGGED UNLESS AN EXCEPTION TO RULE 111
 IS OBTAINED *from U.S. Dept. of*

If change of ownership give name and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

Lease Name <u>Exxon "A" Federal</u>	Well No. <u>1</u>	Pool Name, Including Formation <u>Double "X" Delaware Sand</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No. <u>NM-29694</u>
Location Unit Letter <u>C</u> : <u>330</u> Feet From The <u>N</u> Line and <u>1650'</u> Feet From The <u>West</u> Line of Section <u>23</u> Township <u>24 S</u> Range <u>32 E</u> , NMPM, <u>Lea</u> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Western Crude Oil Inc.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 1142, Midland, Tx. 79701</u>
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)
If well produces oil or liquids, give location of tanks. Unit <u>C</u> Sec. <u>23</u> Twp. <u>24 S</u> Rge. <u>32 E</u>	Is gas actually connected? <u>No</u> When <u>Approx 5-1-82</u>

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 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 <u>2-25-82</u>	Date Compl. Ready to Prod. <u>4-1-82</u>	Total Depth <u>4980'</u>	P.B.T.D. <u>4950'</u>					
Elevations (DF, RKB, RT., GR, etc.) <u>3588' KB</u>	Name of Producing Formation <u>Delaware Sand</u>	Top Oil/Gas Pay <u>4885'</u>	Tubing Depth <u>4800</u>					
Perforations <u>4892-97' 4 shots/ft. 20 total</u>						Depth Casing Shoe <u>4986</u>		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>12 1/2"</u>	<u>8 5/8" 24#</u>	<u>1085'</u>	<u>600</u>
<u>7 7/8"</u>	<u>4 1/2" 10.5#</u>	<u>4986'</u>	<u>175</u>
<u>4 1/2"</u>	<u>2 3/8" 4.7#</u>	<u>4800'</u>	

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 <u>4-15-82</u>	Date of Test <u>4-16-82</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pump</u>	
Length of Test <u>24 hrs.</u>	Tubing Pressure <u>None</u>	Casing Pressure <u>50#</u>	Choke Size
Actual Prod. During Test <u>50</u>	Oil-Bbls. <u>25</u>	Water-Bbls. <u>25</u>	Gas-MCF <u>30</u>

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

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.

Steve M. Carl
(Signature)
Petroleum Engineer
(Title)
4-17-82
(Date)

OIL CONSERVATION DIVISION
APPROVED APR 27 1982, 19____
BY JERRY SEXTON
ORIGINAL SIGNED BY
TITLE DISTRICT SUPERVISOR

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

INCLINATION REPORT

OPERATOR FRASER INDUSTRIES ADDRESS BOX 6099, BIG SPRING, TX 79620
 LEASE NAME EXXON A FEDERAL WELL NO. #1 FIELD _____
 LOCATION _____

DEPTH	ANGLE INCLINATION DEGREES	DISPLACEMENT	DISPLACEMENT ACCUMULATED
499	1/4	2.1956	2.1956
750	1/4	1.1044	3.3000
1100	1/4	1.5400	4.8400
1593	1/2	4.2891	9.1291
2050	1/2	3.9759	13.1050
2532	1/2	4.1934	17.2984
3184	3/4	8.5412	25.8396
3714	1	9.2750	35.1146
4248	1 1/4	11.6412	46.7558
4980	1	12.8100	59.5658

I hereby certify that the above data as set forth is true and correct to the best of my knowledge and belief.

CACTUS DRILLING COMPANY

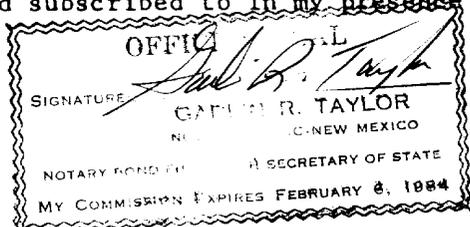
Denise Leake
 TITLE OFFICE MANAGER

AFFIDAVIT:

Before me, the undersigned authority, appeared DENISE LEAKE known to me to be the person whose name is subscribed herebelow, who, on making deposition, under oath states that he is acting for and in behalf of the operator of the well identified above, and that to the best of his knowledge and belief such well was not intentionally deviated from the true vertical whatsoever.

Denise Leake
 AFFIANT'S SIGNATURE

Sworn and subscribed to in my presence on this the 9 day of MARCH, 1982



SEAL

Notary Public in and for the County
 of Lea, State of New Mexico

RECEIVED

APR 21 1964

1735 12-10-64
MORNING
1964