

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NAME OF OPERATOR	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.U.	
LAND OFFICE	
TRANSPORTER	OIL
	NATURAL 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	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

Approval to flare casinghead gas from
this well must be obtained from the
Minerals Management Service.If change of ownership give name
and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Exxon "A" Federal	2	Double X Delaware	State, Federal or Fee Federal	29694
Location				
Unit Letter	E	1650 Feet From The North	Line and 330	Feet From The West
Line of Section	23	Township	24 S	Range 32 E, NMPM, Lea County

II. 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)	
Western Crude Oil, Inc.	Box 1142 Midland, TX 79701	
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)	
Phillips Petroleum Co	4001 Penbrook Odessa, TX 79762	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	C	23
		24S
		32E
Is gas actually connected?	When	
No	Approx. Nov. 15	

If this production is commingled with that from any other lease or pool, give commingling order number: number not yet assigned

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
X	X		X					
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
6-8-82	7-7-82 to Frac tank		5013'		4987'			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
3598.6' G.L.	Double X Delaware		4916'		4898'			
Perforations					Depth Casing Shoe			
4921'to 4927' 4 shots per foot 24 total					5014'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/2"	8 5/8" 23#		1103'		500 sks.			
7 7/8"	4 1/2" 10.5#		5013'		325 sks.			
4 1/2"	2 3/8"		4898'					

VI. 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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
7-8-82 to frac tank	7-28-82	Pumping (still pumping into frac tank)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs.	none	40	--
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
55	20	35	25

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

I. 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.

Polly Lancaster
(Signature)
Accountant
(Title)
7-30-82
(Date)

OIL CONSERVATION DIVISION
APPROVED **AUG 2 - 1982**, 19
BY **JERRY SEXTON**
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 multiple completed wells.

INCLINATION REPORT

OPERATOR FRASER INDUSTRIES ADDRESS BOX 6099, BIG SPRINGS, TX 79620LEASE NAME EXXON FEDERAL A WELL NO. #2 FIELD LOCATION

DEPTH	ANGLE INCLINATION DEGREES	DISPLACEMENT	DISPLACEMENT ACCUMULATED
494	1	8.6450	8.6450
790	1	5.1800	13.8250
1653	1/2	7.5081	21.3331
2145	1/2	4.2804	25.6135
2636	1/2	4.2717	29.8852
3129	1/2	4.2891	34.1743
3623	3/4	6.4717	40.6457
4116	3/4	6.4583	47.1040
4608	1	8.6100	55.7140
4770	3	8.4726	64.1866
5013	3	12.7089	76.8955

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 18 day of JUNE, 19 82



SEAL

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

RECEIVED

AUG 2 - 1982

O.C.D.
MOBBS OFFICE