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LAND OFFICE	
TRANSPORTER	OIL 1 GAS
OPERATOR	2
PRODUCTION OFFICE	

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

Form C-104
Supersedes Old C-101 and C-11
Effective 1-1-65

Operator
The Eastland Oil Company ✓

Address
P.O. Drawer 3488, Midland, Texas 79702

Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change In Transporter of:		
Recompletion <input 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 State "32"	Well No. 2	Pool Name, Including Formation Herradura Bend Delaware	Kind of Lease State, Federal or Fee State	Lease No. L-6867-3
Location Unit Letter D ; 660 Feet From The North Line and 660 Feet From The West				
Line of Section 32 Township 22S Range 28E , NMPM, Eddy County				

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)
Summit Transportation Company	Box 6301, Air Terminal, 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)
None	

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Range.	Is gas actually connected?	When
	L	32	22S	28E	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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'n.	Prod. Rec'd.
	X		X					

Date Spudded 3-20-79	Date Compl. Ready to Prod. 4-15-79	Total Depth 2462'	P.B.T.D. 2462'
Elevations (DF, RKB, RT, GR, etc.) 3055' GR, 3056' DF	Name of Producing Formation Delaware Sand	Top Oil/Gas Pay 2451	Tubing Depth 2448'
Perforations None - Open hole 2451-62		Depth Casing Shoe 2451'	

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
10"	8-5/8"	370'	250 sx Class C-2% Ca Cl₂
8" & 6 1/4"	4-1/2"	2451'	300 sx Light
(Reduced hole size at 2446')			200 sx 50-50 C-Pozmix

TEST DATA AND REQUEST FOR ALLOWABLE (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 4-20-79	Date of Test 5-11-79	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs.	Tubing Pressure 10 psi	Casing Pressure 0	Choke Size 10-42" SPM
Actual Prod. During Test	Oil - Bbls. 66.54	Water - Bbls. 0	Gas - MCF TSTM

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Lbs. Condensate/MCF	Gravity of Condensate
Testing Method (pact, 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 Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

[Signature]
Office Manager
5-2-79
(Date)

OIL CONSERVATION COMMISSION
MAY 22 1979

APPROVED _____, 19____
BY *W. A. Gressitt*
TITLE **SUPERVISOR, DISTRICT II**

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 original tests taken on the well in accordance with RULE 111.
All portions of this form must be filled out completely for allowable on new or recompleted wells.
Fill out only Sections I, II, III, and VI for changes of operator, well name or number, or transporter, or other such change of conditions.