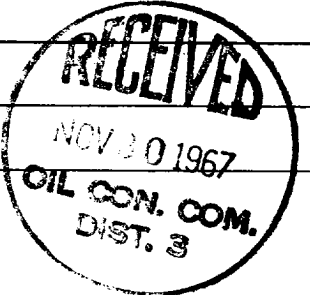


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NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

B.T.



Operator <b>Eastern Petroleum Company</b>	
Address <b>P. O. Box 291, Carmi, Illinois (Attention: Mr. Jess Edwards)</b>	
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"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain)	

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

Lease Name <b>Navejo</b>		Well No. <b>3</b>	Pool Name, Including Formation <b>Rattlesnake-Dakota</b>	Kind of Lease State, Federal or Fee <b>Indian</b>	Lease No. <b>1-89-IND-56</b>
Location					
Unit Letter <b>A</b>	<b>358</b>	Feet From The <b>North</b>	Line and <b>814</b>	Feet From The <b>East</b>	
Line of Section <b>2</b>	Township <b>29 North</b>	Range <b>19 West</b>	, NMPM, <b>San Juan</b>		County

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <b>Rock Island Oil &amp; Refining Co., Inc.</b>		Address (Give address to which approved copy of this form is to be sent) <b>428 Hamilton Bldg., Wichita Falls, Texas</b>			
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 <b>G</b>	Sec. <b>2</b>	Twp. <b>29 N</b>	Rge. <b>19 W</b>	Is gas actually connected? <b>No</b>
					When <b>TSTM-Used for fuel</b>

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

Designate Type of Completion - (X)		Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded <b>October 18, 1967</b>	Date Compl. Ready to Prod. <b>November 18, 1967</b>		Total Depth <b>731</b>		P.B.T.D. <b>-----</b>				
Elevations (DF, RKB, RT, GR, etc.) <b>5278 Ground</b>	Name of Producing Formation <b>Dakota-Upper</b>		Top Oil/Gas Pay <b>725</b>		Tubing Depth <b>722</b>				
Perforations <b>Open Hole 725 - 731</b>					Depth Casing Shoe <b>725</b>				
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
<b>8 1/2"</b>	<b>7"</b>		<b>18'</b>		<b>5 sacks</b>				
<b>6 1/2"</b>	<b>4 1/2"</b>		<b>725'</b>		<b>7 sacks</b>				

V. 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 <b>November 18, 1967</b>	Date of Test <b>November 19, 1967</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Pump</b>	
Length of Test <b>24 hours</b>	Tubing Pressure <b>0</b>	Casing Pressure <b>15 psig</b>	Choke Size <b>2"</b>
Actual Prod. During Test <b>25 BBLs</b>	Oil-Bbls. <b>25 BBLs</b>	Water-Bbls. <b>0</b>	Gas-MCF <b>14</b>

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

VI. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
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.		APPROVED _____, 19____	
_____ (Signature)		BY _____	
_____ (Title)		TITLE _____	
November 30, 1967 (Date)		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.	