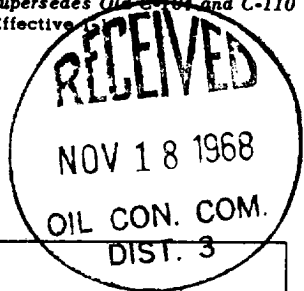


NO. OF COPIES RECEIVED		9
DISTRIBUTION		
SANTA FE		1
FILE		1
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	1
	GAS	
OPERATOR		
PRORATION OFFICE		

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

Form C-104
Supersedes OIL C-104 and C-110
Effective 1-1-68



B.T.

I.

Operator Eastern Petroleum Company	
Address P. O. Box 291, Carmi, Illinois 62821 (Attn: Mr. J. N. Edwards)	
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 _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Navajo	Well No. 11	Pool Name, Including Formation Rattlesnake-Dakota	Kind of Lease State, Federal or Fee Indian	Lease No. I-89-IND-56
Location Unit Letter K ; 2310 Feet From The West Line and 2310 Feet From The South Line of Section 2 Township 29N Range 19W , NMPM, San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

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

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

IV. 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 May 18, 1968	Date Compl. Ready to Prod. August 20, 1968	Total Depth 842		P.B.T.D. 842					
Elevations (DF, RKB, RT, GR, etc.) 5240 GR	Name of Producing Formation Dakota (3rd)	Top Oil/Gas Pay 834		Tubing Depth 831					
Perforations Open Hole - Packer at 831½' (832-842)				Depth Casing Shoe 671					
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
8½"	7"		17'		5 sk				
6½"	4 1/2"		671'		35 sk				
	2 3/8"		831'						

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)

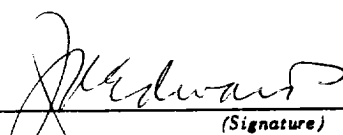
Date First New Oil Run To Tanks August 25, 1968	Date of Test August 25-26, 1968	Producing Method (Flow, pump, gas lift, etc.) Pumping - 1½" Insert Pump	
Length of Test 24 hrs.	Tubing Pressure 0	Casing Pressure 0	Choke Size 2"
Actual Prod. During Test 12 bbls.	Oil-Bbls. 10	Water-Bbls. 2	Gas-MCF 1½ MCF

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

VI. 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)
Secretary
(Title)
November 8, 1968
(Date)

OIL CONSERVATION COMMISSION

NOV 18 1968

APPROVED _____
Original Signed by Emery C. Arnold
BY _____

TITLE _____ SUPERVISOR DIST. #3

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.