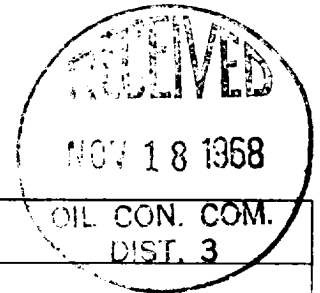


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OPERATOR		6
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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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



I.

Operator		Eastern Petroleum Company	
Address		P. O. Box 291, Carmi, Illinois 62821 (Attn: Mr. Jess Edwards)	
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"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Navajo	13	Rattlesnake-Dakota	State, Federal or Fee Indian	I-89-IND-56
Location				
Unit Letter <u>E</u> ; <u>2310</u> Feet From The <u>North</u> Line and <u>467</u> Feet From The <u>West</u>				
Line of Section <u>1</u> Township <u>29N</u> Range <u>19W</u> , NMPM, <u>San Juan</u> 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"/>	Address (Give address to which approved copy of this form is to be sent)					
Rock Island Oil & Refining Company, Inc.	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	Sec.	Twp.	Rge.	Is gas actually connected?	When
	G	2	29N	19W	No	Used for fuel & vented

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X		X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.					
July 31, 1968	August 21, 1968	845							
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth					
5382 GR	Dakota (2nd)	828		760					
Perforations				Depth Casing Shoe					
Open Hole 804-845				804					
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
8 3/4"		7"		17'		5 sx			
6 1/4"		4 1/2"		804'		10 sx			
		2 3/8"		760'					

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
August 21, 1968	Aug. 21-22, 1968	Pump 1 1/4" Insert Pump 6' long	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs.	0	0	2"
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
14 bbls.	12	2	7.8

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.

Secretary

November 8, 1968

OIL CONSERVATION COMMISSION
NOV 18 1968
APPROVED _____, 19____
BY Original Signed by Emery C. Arnold
SUPERVISOR DIST. #9
TITLE _____

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.