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| LAND OFFICE            |     |   |   |  |
| TRANSPORTER            | OIL |   |   |  |
| IRANSPORTER            | GAS |   |   |  |
| OPERATOR               |     | 2 |   |  |

## 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



f

|  | LAND OFFICE TRANSPORTER OIL /   | AUTHORIZATION TO TIME                |  | B.1.                                  |  |                   |
|--|---|--------------------------------------|--|---------------------------------------|--|-------------------|
|  | OPERATOR 2  |                                      |  |                                       |  |                   |
| 1  | PRORATION OFFICE  |                                      |  |                                       |  |                   |
| 4.   | Operator  |                                      |  | KECEIVED                              |  |                   |
|  | Eastern Petroleum Company   |                                      |  |                                       |  |                   |
|  | P. O. Box 291, Ca   |                                      | DEC 2 2 1969   |                                       |  |                   |
|  | Reason(s) for filing (Check proper box)   |                                      | Other (Please explain)   | UEU Z Z 1000                          |  |                   |
|  | New Well  | Change in Transporter of:            |  | 0115115                               |  |                   |
|  | Recompletion  | Oil Dry Gas                          | s 🔲 🗎  | GEOLOGICAL SURVE                      |  |                   |
|  | Change in Ownership   | Casinghead Gas Conden                | sate   |                                       |  |                   |
|  |   |                                      |  |                                       |  |                   |
|  | If change of ownership give name and address of previous owner  |                                      |  |                                       |  |                   |
|  | •   |                                      |  |                                       |  |                   |
| 11.  | DESCRIPTION OF WELL AND I   | Well No. Pool Name, Including Fo     | ormation 2 Kind of Lease   | Lease No.                             |  |                   |
|  | Lease Name  | 45 Rollinge                          |  | or Fee Indian I-89-IND-5              |  |                   |
|  | Navajo<br>Location  | 43 14                                | Care   |                                       |  |                   |
|  | ۸ 90  | Feet From The South Line             | e and 990 Feet From  | The East                              |  |                   |
|  | Unit Letter;;   |                                      |  | _                                     |  |                   |
|  | Line of Section 2 Tow   | mship 29N Range ]                    | 19W , ммрм, Sar  | Juan County                           |  |                   |
|  |   |                                      |  |                                       |  |                   |
| III.   | DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil  | or Condensate                        | Address (Give address to which appro-  | ved copy of this form is to be sent)  |  |                   |
|  |   |                                      | 351 West Douglas, Wich   | ita, Kansas 67202                     |  |                   |
|  | Rock Island Oil & Ref   | inghead Gas or Dry Gas               | Address (Give address to which appro-  | ved copy of this form is to be sent)  |  |                   |
|  | Number of Manier and American   |                                      |  |                                       |  |                   |
|  | If well produces oil or liquids,  | Unit   Sec. Twp. Rge.                | Is gas actually connected? Wh  | en                                    |  |                   |
|  | give location of tanks.   | 1 1 1                                |  |                                       |  |                   |
|  | If this production is commingled wit  | h that from any other lease or pool, | give commingling order number:   |                                       |  |                   |
| IV.  | COMPLETION DATA   | Oil Well Gas Well                    | New Weil Workover Deepen   | Plug Back Same Res'v. Diff. Resy.     |  |                   |
|  | Designate Type of Completion  | . 000                                | 1  |                                       |  |                   |
|  | Date Spudded  | Date Compl. Ready to Prod.           | Total Depth  | P.B.T.D                               |  |                   |
|  | 7-16-69   | 7-19-69                              | 450  | DEC 99 1000                           |  |                   |
|  | Elevations (DF, RKB, RT, GR, etc.)  | Name of Producing Formation          | Top Oil/Gas Pay  | Tubing bepth DLC 25 1509              |  |                   |
|  | 5273 Gr.  | Gallup                               | 435  | OIL CON COM                           |  |                   |
|  | Perforations  |                                      |  | Depth Casting Shoe DIST. 3            |  |                   |
|  | TUBING, CASING, AND CEMENTING RECORD  |                                      |  |                                       |  |                   |
|  |   |                                      | DEPTH SET  | SACKS CEMENT                          |  |                   |
|  | HOLE SIZE   | 7" Surface                           | 17   | 4                                     |  |                   |
|  | 8 3/4   | 4 1/2" casing                        | 430  | 6                                     |  |                   |
|  | 6 1/4   | 2 3/8" tubing                        | 448  |                                       |  |                   |
|  | 0 1/4   |                                      |  |                                       |  |                   |
| V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to |   |                                      |  |                                       |  |                   |
| Ψ.   | able for this depth or be for full 24 hours)  |                                      |  |                                       |  |                   |
|  | Date First New Oil Run To Tanks   | Date of Test                         |  | ,,,                                   |  |                   |
|  | 7-19-69   | 7-19-69 Tubing Pressure              | Pump<br>Casing Pressure  | Choke Size                            |  |                   |
|  | Length of Test  | 25#                                  | 25#  | 2"                                    |  |                   |
|  | 24 hrs. Actual Prod. During Test  | Oil-Bbls.                            | Water-Bbls.  | Gas-MCF                               |  |                   |
|  | 6½  | 6 <sup>1</sup> 3                     | -0-  | -0-                                   |  |                   |
|  |   |                                      |  |                                       |  |                   |
| GAS WELL  Bbis. Condensate/MMCF Gravity of Condensate  |   |                                      |  |                                       |  |                   |
|  | Actual Prod. Test-MCF/D   | Length of Test                       | Bbls. Condensate/MMCF  | Gravity of Condensate                 |  |                   |
|  |   | 10000000                             | Casing Pressure (Shut-in)  | Choke Size                            |  |                   |
|  | Testing Method (pitot, back pr.)  | Tubing Pressure (Shut-in)            | Cdaing Piessale (Siles Sile)   |                                       |  |                   |
|  |   |                                      | OU CONSERV   | ATION COMMISSION                      |  |                   |
| VI   | . CERTIFICATE OF COMPLIAN   | CE                                   | JIE COMSERV  | DEC 2 3 1969                          |  |                   |
|  | 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) |                                      | Original Signed by Emery C. Arnold   |                                       |  |                   |
|  |   |                                      |  |                                       |  |                   |
|  |   |                                      | SUPERVISOR DIST. #5  |                                       |  |                   |
|  |   |                                      | 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. |                                       |  |                   |
|  |   |                                      |  |                                       |  |                   |
|  |   |                                      |  |                                       |  |                   |
| Secretary (Title) December 18, 1969  |   |                                      | All sections of this form must be filled out completely for allowable on new and recompleted wells.  |                                       |  |                   |
|  |   |                                      |  |                                       |  | December 16, 1909 |
|  | (Dutt)  |                                      | Separate Forms C-104 mu  | at be filed for each pool in multiply |  |                   |
| i  |   |                                      | Commentaria esperazione  |                                       |  |                   |