

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.B.	
LAND OFFICE	
TRANSPORTER	OIL
	NAT
OPERATOR	
PRODUCTION OFFICE	

Operator
THE EASTLAND OIL COMPANYAddress
P. O. Drawer 3488, Midland, Texas 79702

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"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

ORIGINAL GAS MUST NOT BE
FLARED AFTER 11/8/81
UNLESS AN EXCEPTION TO R-1070
IS OBTAINED.If change of ownership give name
and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

Lease Name STATE 7	Well No. 1	Pool Name, Including Formation East Crossroads (San Andres)	Kind of Lease State, Federal or Fee State	Lease No. L-6540
Location Unit Letter G ; 2310 Feet From The North Line and 1980 Feet From The East Line of Section 7 T. wship 10-S Range 37E , NMPM, Lea County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Crude Oil Purchasing Co.	Address (Give address to which approved copy of this form is to be sent) Box 159, Artesia, New Mexico 88210	
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. 7
	Twp. 10-S	Rge. 37E
	Is gas actually connected? No	
	When Unknown	

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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 8-31-81	Date Compl. Ready to Prod. 10-10-81		Total Depth 4990'		P.B.T.D. 4980'			
Elevations (DF, RKB, RT, GR, etc.) 3983' GR - 3997' KB	Name of Producing Formation San Andres		Top Oil/Gas Pay 4947'		Tubing Depth 4960'			
Perforations 4947' - 4960'					Depth Casing Shoe 4987'			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8-5/8"	421'	275 Sx C-2 1/2 Caci2
7-7/8"	4 1/2"	4987'	335 Sx C-50-50 PozMix
			1335 Sx lite #6 Salt
			8# Salt-1/4" Flocel

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)

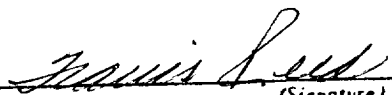
Date First New Oil Run To Tanks 11-8-81	Date of Test 11-11-81	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 Hrs.	Tubing Pressure -	Casing Pressure 30 PSI	Choke Size 10-64" SPM
Actual Prod. During Test 91	Oil-Bbls. 46	Water-Bbls. 45	Gas-MCF 20

GAS WELL

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


(Signature)
Production Foreman
(Title)
November 13, 1981
(Date)

OIL CONSERVATION DIVISION

APPROVED **NOV 17 1981**, 19____BY Original signed by
Jerry Sexton
Dist. 1, Supv.

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 multiple completed wells.