Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II P.O. Drawer DD, Antesia, NM 88210

State of New Mexico Energy, Minerals and Natural Resources Department

OCT

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Form C-104 Revised 1-1-89

## OIL CONSERVATION DIVISION

P.O. Box 2088

0 Santa Fe, New Mexico 87504-2088 ARTESIA, OFFICE OUEST FOR ALLOWABLE AND AUTHORIZATION

18 90	See Instructions at Bottom of Page
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DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 874			ALL () (MA)	BLE AND AUTHO		ARTESIA, OFFICE		
r				L AND NATURAL				
Operator THE EASTLAND OIL COMPANY					Well API No. 30-005-60702			
Address P. O. DRAWER 348		TEXAS	79702					
Reason(s) for Filing (Check proper box				Other (Please	explain)			
New Well		ange in Tran	asporter of:	_				
Recompletion	Oil		G25	EFFECTIVE	00/01/00			
Change in Operator	Casinghead G		densate					
and address of previous operator			, INC.,	P. O. BOX 1393	s, ROSWELI	, NM 88202	<u> </u>	
	I. DESCRIPTION OF WELL AND LEASE    Well No.   Pool Name, Including				ation Kind of Lease Lease No.			
CRYNBERG FED COM		eli No. Poo		OPE - ABO		Federal	NM-11795	
Location Control Location	"2"							
Unit LetterJ	:198	O Fee	From The	OUTH Line and	.980	Feet From The	EAST	Line
Section 13 Town	ship 6S	Ran	ge 24E	, NMPM,		CHAVE	S	County
THE DECICALATION OF TRA	NSPORTER (	OF OIL A	ND NATU	RAL GAS				
III. DESIGNATION OF TRANSPORTER OF OIL AND NATUE			Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas or Dry Gas X TRANSWESTERN PIPELINE			Address (Give address to which approved copy of this form is to be sent) P. O. BOX 2521, HOUSTON, TX 77001				) 	
If well produces oil or liquids, give location of tanks.	Unit Se	13   Twr		Is gas actually connecte Yes	d? Whe	n? 3-19-81		
If this production is commingled with the IV. COMPLETION DATA	at from any other le	ease or pool,	give comming	ling order number:				
	0	il Well	Gas Well	New Well   Workove	er Deepen	Plug Back S	ame Res'v	Siff Res'v
Designate Type of Completic	on - (X)	1			l		l	
Date Spudded	Date Compl. R	eady to Prod	i.	Total Depth		P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)  Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth	Tubing Depth			
Perforations						Depth Casing	Shoe	
		DIG GA	CINIC AND	CEMENTING DEC	'ORD			
				CEMENTING RECORD  DEPTH SET		SACKS CEMENT		
HOLE SIZE CA		SING & TUBING SIZE						
V. TEST DATA AND REQUI	EST FOR ALL	OWABL	E					
OIL WELL (Test must be after	recovery of total v	olume of loa	d oil and must	be equal to or exceed top Producing Method (Flow	allowable for It	is depth or be for	juil 24 hours.)	
Date First New Oil Run To Tank	Date of Test			Producing Method (Plan	ν, ρωπφ, χως τητ,	eic.j	Dontes	1 TD- 1
477			Casing Pressure		Choke Size 10 76-90			
Length of Test Tubing Pressure					Choke Size Posted ID-			
Actual Prod. During Test	Oil - Bbls.		Water - Bbls.		Gas-MCF GAG CF			
GAS WELL				<u> </u>				
GAS WELL  Actual Prod. Test - MCF/D  Length of Test		Bbls. Condensate/MMCF		Gravity of Condensate				
					Choke Size			
Testing Method (pitot, back pr.)	Tubing Pressure	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)		Choke Size		
VI. OPERATOR CERTIFIC	CATE OF CO	OMPLIA	NCE	011 00	ノバクロロハ	ATION D	MISION	1
I hereby certify that the rules and reg	ulations of the Oil	Conservation			NOEK A	AHOND	, v 10101\	•
Division have been complied with and that the information given above			Data Approved OCT 2 3 1990					
is true and complete to the best of my knowledge and belief.			Date Approved					
120mil Lee	1,			D 0710		er and a second		
Signature				By ORIGINAL SIGNED BY MINE WILLIAMS				
TRAVIS REED PRODUCTION SUPERINTENDENT Printed Name Title				Title SUPERVISOR, DISTRICT IF				
10/00/00	010	1607 6						

e in procession and the control of t INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Date

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.

Telephone No.

- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.