

1. DISTRIBUTION	<input checked="" type="checkbox"/>
2. TAXES	<input checked="" type="checkbox"/>
3. FILE	<input checked="" type="checkbox"/>
4. U.S.S.	<input checked="" type="checkbox"/>
5. LAND OFFICE	<input checked="" type="checkbox"/>
6. TRANSPORTER	<input checked="" type="checkbox"/>
7. OPERATOR	<input checked="" type="checkbox"/>
8. PRODUCTION OFFICE	<input checked="" type="checkbox"/>
9. OTHER	<input checked="" type="checkbox"/>

OIL CONSERVATION DIVISION
P. O. BOX 2000
SANTA FE, NEW MEXICO 87501

RECEIVED
AUG 31 1984
O. C. D.
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

1. **Eagle Oil & Gas Co.**

Address: **510 Hamilton Bldg., Wichita Falls, Tx. 76301**

Reason(s) for filing (Check proper box):
 New Well ☒ Change in Transporter of: Oil ☐ Dry Gas ☒
 Incompletion ☐ Casinghead Gas ☐ Condensate ☐
 Change in Ownership ☐

Other (Please explain):

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

2. DESCRIPTION OF WELL AND LEASE

Lease Name Crow Flats Federal Comm.	Well No. #1	Pool Name, including Formation Crow Flats Morrow	Kind of Lease State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> or Fee	Lease No. NM-12110
Location Unit Letter K : 1,980 Feet From The South Line and 1,980 Feet From The West				
Line of Section 30 Township 16S Range 28E , NMPM Eddy County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. Drawer 175, Artesia, N.M. 88210
Navajo Crude Oil Purchasing Company	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. Box 26400, Albuquerque, N.M. 87125
Gas Company of New Mexico	
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When Yes 11-14-80

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (D.F., R.A.B., R.T., G.R., etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations				Depth Casing Shoe				
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

3. 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.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

4. 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.

Warren T. Ayres
 Warren T. Ayres (Signature)
 Partner (Title)
 August 20, 1984 (Date)

OIL CONSERVATION DIVISION

APPROVED **AUG 31 1984**, 19

BY **Original Signed By**
Leslie A. Clements
 TITLE **Supervisor District II**

This form is to be filled out in accordance 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.

Post ID-3
 9-7-84
 Chs. GT from
 SUG