

DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			

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-1
Effective 1-1-65

RECEIVED

JUN 09 1981

I.

Operator Eagle Oil Company	
Address 3000 North Garfield Street, Suite 210, Midland, Texas 79701	
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"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain) CASINGHEAD GAS MUST NOT BE FLARED AFTER 7-27-81 UNLESS AN EXCEPTION TO Rule 306 IS OBTAINED	
If change of ownership give name and address of previous owner	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Crow Flats "A"	Well No. 1	Pool Name, Including Formation	Kind of Lease State, Federal or Fee Federal	Lease No.
Federal Comm. Unit				
Location				
Unit Letter	1,980	Feet From The West	Line and 660	Feet From The East
Line of Section	19	Township	16-S	Range 28-E, NMPM, Eddy 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)					
Navajo Crude Oil Purchasing Company	P. O. Drawer 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)					
Undesignated						
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	19	16-S	28-E	No		

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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 11-20-80	Date Compl. Ready to Prod. 5-27-81	Total Depth 9,560'	P.B.T.D. 6,600'					
Elevations (DF, RKB, RT, GR, etc.) GL 3,590', KB 3,625'	Name of Producing Formation Wolfcamp	Top Oil/Gas Pay 6,467'	Tubing Depth 6,433.35'					
Perforations 6467-6468	Depth Casing Shoe 9,560'							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET			SACKS CEMENT			
17-1/2"	13-3/8"	422'			450			
11"	8-5/8"	2,053'			900			
7-7/8"	4-1/2"	9,560'			600			
	2-3/8" (Thg.)	6,433.35'						

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 5-27-81	Date of Test 5-27-81	Producing Method (Flow, pump, gas lift, etc.) pumping	
Length of Test 24 hrs.	Tubing Pressure -----	Casing Pressure -----	Choke Size ID-3
Actual Prod. During Test	Oil-Bbls. 19	Water-Bbls. 3	Gas-MCF 28.7

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.

Nancy S. Letz
(Signature)

Agent

(Title)

6-5-81

(Date)

OIL CONSERVATION COMMISSION

APPROVED JUN 24 1981, 19
BY Mike W. Wether
TITLE OIL AND GAS INSPECTOR

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.

Supersedes Form C-104 must be filed for each well to maintain