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

State of New Mexico Energy, Minerals and Natural Resources Department

RECEIVED Form C-104
Revised 1-1-89

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

OCT 18

3 '90	See Instructions at Bottom of Page	Y

1000 Rio Brazos Rd., Azte	c, NM 87410
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DISTRICT II P.O. Drawer DD, Artesia, NM 88210

O. C. D. REQUEST FOR ALLOWABLE AND AUTHORIZATION ARTESIA, OFFICE TO TRANSPORT OIL AND NATURAL GAS

Operator				30-	015-2541	2	
THE EASTLAND OIL COMP	'ANY /						
Address P. O. DRAWER 3488, MI	IDLAND, TX 79	702					
Reason(s) for Filing (Check proper box)			Other (Please explain)				
New Well		Transporter of:					
Recompletion	Oil Casinghead Gas	Dry Gas	EFFECTIVE 09/01	./90			
Change in Operator	Casingnead Gas	IC INC D	O. BOX 1393, ROSW	VELL, N	4 88201		
If change of operator give name and address of previous operator	POUL DRILLI	NG, 1NG., 1.	0. DON 1010, 111				4
II. DESCRIPTION OF WELL A	AND LEASE	1	- Familian	Kind of	Lease		ise No.
Lease Name	Well No.	Pool Name, Including EAST RED	LAKE-QU-GB	State, F	ederal of Fee	NM 99	87
MAX FEDERAL						W	
Location L	. 2310	Feet From The	S Line and330	Fee	From The		Line
Unit Letter	166	Pance 29E	20 tm (EI	DDY	County
Section 30 Township	, 16S	Range 23L	, NMPM,				
III. DESIGNATION OF TRANS	SPORTER OF O	IL AND NATU	RAL GAS		fallis form	is to be see	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
Name of Authorized Transporter of Oil	or Conde	nsate	Address (Give address to which BOX 159, ARTESIA	napprovea o NM 88	ору ој тиз јоги 210	1 L 10 DE SE	"'
NAVAJO CRUDE OIL PU		or Dry Gas	Address (Give address to which	approved o	opy of this form	n is to be ser	ц)
Name of Authorized Transporter of Casing	chead Gas	of Diy Gas	7.000 (0.000)				
If well produces oil or liquids,	Unit Sec.	Twp. Rge.		When 7	UNKNOWN		
give location of tanks.	L 30	16S 29E	NO NO		UNKNOWN		
If this production is commingled with that f	from any other lease of	r pool, give commingl	ing order number:				
IV. COMPLETION DATA	Oil We	Gas Well	New Well Workover	Deepen	Plug Back S	ame Res'v	Dist Res'v
Designate Type of Completion		i					L
Date Spudded	Date Compl. Ready	to Prod.	Total Depth		P.B.T.D.		
	Name of Producing I	Comption	Top Oil/Gas Pay		Tubing Depth		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing 1	Officialion				<u> </u>	
Perforations					Depth Casing	Shoe	
			CENTENC DECORD				
			CEMENTING RECORD DEPTH SET		SACKS CEMENT		
HOLE SIZE	CASING & I	UBING SIZE					
		ADLE				<u> </u>	
V. TEST DATA AND REQUES	ST FOR ALLOW	ABLE of load oil and must	be equal to or exceed top allow	able for this	depih or be for	full 24 how	·s.)
OIL WELL (Test must be after red Date First New Oil Run To Tank	Date of Test	. 0,	be equal to or exceed top allowable for this depth or be for full 24 hours.) Producing Method (Flow, pump, gas lift, etc.)				
Date First New Oil Run 10 Tank	Date of 199				Choke Size 10-26-90		
Length of Test	Tubing Pressure		Casing Pressure		10-36-10		
			Water - Bbls.		Gas- MCF	Eng	OP
Actual Prod. During Test	Oil - Bbls.						
					÷		
GAS WELL Actual Prod. Test - MCF/D	Length of Test		Bbls. Condensate/MMCF		Gravity of Con	ndensate	
Actual Flot. Test - Mc1/2			(2)		Choke Size		
Testing Method (pitot, back pr.)	Tubing Pressure (Sh	ut-in)	Casing Pressure (Shut-in)		Chore Silv		
		DI YANGE					
VI. OPERATOR CERTIFIC	CATE OF COM	PLIANCE	OIL CONS	SERVA	ATION D	IVISIC	M
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above			0.07 0.0 4000				
is true and complete to the best of my knowledge and belief.			Date Approved	Date ApprovedOCT 2 3 1990			
Dedicis Reed	/						
			By ORIGIN	By ORIGINAL SIGNED BY			
Signature TRAVIS REED PRODUCTION SUPERINTENDENT			MIKE WILLIAMS Title SUPERVISOR, DISTRICT IS				
Printed Name 10/09/90 915/683-6293 Title SUPERVISON, DISTRICT II							
10/09/90 Date		elephone No.			المستدر المستدر المستدر		
And the Marketing of Programme State of Marketing of the Control o	· metromer, a vertical for the industrial of	and material parties of the control of the control	gradients of a stand Sames as the connect of Experience and Gradients				

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 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.