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

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

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410

State of New Mexico Energy, Minerals and Natural Resources Department RECEIVED

Form C-104 Revised 1-1-89 See Instructions at Bottom of Pag

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

OCT 18'90

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

I.		TOTRA	ANSP	ORT OII	L AND NA	TUHALG	AS Well	API No.			
Operator THE EASTLAND OIL COMPANY						30-015-25557					
Address P. O. DRAWER 3488,	MIDLAN	D, TX 7	9702								
Reason(s) for Filing (Check proper box New Well Recompletion Change in Operator	Oil	Change in		as 🗀	<u></u>	er (Please expl EFFECTIV	·	/90			
·	RED POOL	DRILLI	NG,	INC., F	. O. BOX	1393, F	ROSWELL,	NM 88201			
II. DESCRIPTION OF WEL	L AND LE	EASE							,		
Lease Name MAX FEDERAL	Well No. Pool Nam 3 EAST				cluding Formation ED LAKE-Q-G			Kind of Lease Kind of Lease Kind Federal of Foot		987	
Location Unit LetterE	:	330	_ Feet F	rom The	WEST Lin	e and	2310 F	eet From The	NC	RTH Line	
Section 30 Town	ship 16S	<u>.</u>	Range	29E	, N	мрм,		EDD	Y	County	
III. DESIGNATION OF TRA	NSPORT	ER OF O	IL AN	ID NATU	RAL GAS				 :	-:	
Name of Authorized Transporter of Oil X or Condensate NAVAJO CRUDE OIL PURCHASING						Address (Give address to which approved copy of this form is to be sent) BOX 159, ARTESIA, NM 88210					
NAVAJO CRUDE OIL PI			or Dry	Gas				d copy of this form	is to be se	nt)	
If well produces oil or liquids, give location of tanks.	Unit E				Is gas actually connected? NO			When ?			
If this production is commingled with the	at from any o	ther lease or	pool, gi	ve comming	ling order num	ber:					
IV. COMPLETION DATA Designate Type of Completion	on - (X)	Oil Wel	1	Gas Well	New Well	Workover	Deepen	Plug Back Sai	me Res'v	Diff Res'v	
Date Spudded		npl. Ready to	o Prod.		Total Depth			P.B.T.D.			
evations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas	Pay		Tubing Depth			
Perforations								Depth Casing Shoe			
		TURING	CASI	NG AND	CEMENTI	NG RECOR	ND	<u> </u>			
HOLE SIZE		TUBING, CASING AND CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
, moon batta and beou	ECT FOR	ALLOW	ARLE		<u> </u>						
V. TEST DATA AND REQU. OIL WELL (Test must be afte	r recovery of t	otal volume	of load	oil and must	be equal to or	exceed top all	owable for th	is depth or be for f	ull 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Test				Producing Me	ethod (Flow, p	ump, gas lift,	eic.)			
Length of Test	Tubing Pr	Tubing Pressure				ire		Choke Size Posled ID-			
Actual Prod. During Test	Oil - Bbis.				Water - Bbls.			Gas- MCF	Ce ho	0P	
GAS WELL						- ADICE		Gravity of Cond	ensale		
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF						
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation					OIL CONSERVATION DIVISION						
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					Date Approved OCT 2 3 1990						
Juis Red					By ORIGINAL SIGNED BY						
Signature TRAVIS REED PRODUCTION SUPERINTENDENT Printed Name Title					Title_SUPERVISOR, DISTRICT IF						
10/09/90 Date	(915/683 Tele	-6293 phone N		Inte						
Date:		10,0	·		11						

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.