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

State of New Mexico Energy, Minerals and Natural Resources Department Form C-104
RECEIVE Be Instructions
at Bottom of Page

CONSERVATION DIVISION P.O. Box 2088

OCT 19'90

1.07 000, 1700, 110000, 11111		-OIL
<u>DISTRICT II</u> P.O. Drawer DD, Anesia, NM	88210	

Santa Fe, New Mexico 87504-2088 DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 Q. C. D. REQUEST FOR ALLOWABLE AND AUTHORIZATION ARTESIA, OFFICE TO TRANSPORT OIL AND NATURAL GAS Well API No. Operator 30-015-25339 THE EASTLAND OIL COMPANY Address O. DRAWER 3488, MIDLAND, TX 79702 Other (Please explain) Reason(s) for Filing (Check proper box) Change in Transporter of New Well Dry Gas Recompletion EFFECTIVE 09/01/90 Casinghead Gas Condensate XX Change in Operator f change of operator give name and address of previous operator NM 88201 O. BOX 1393, ROSWELL, FRED POOL DRILLING, INC., Ρ. II. DESCRIPTION OF WELL AND LEASE Kind of Lease State, Federal of Fac Well No. | Pool Name, Including Formation Lease Name LC 056551 GRAYBURG JACKSON 7-RIVER 1 JO FEDERAL Location SOUTH 430 1650 Feet From The EAST Line and _ Feet From The _ Unit Letter EDDY County 30E 17S , NMPM, 21 Range Township Section III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) or Condensate Name of Authorized Transporter of Oil 4001 PENBROOK, ODESSA, TEXAS 79762 PHILLIPS PETROLEUM Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas or Dry Gas [4001 PENBROOK, ODESSA, TEXAS 79762 PHILLIPS PETROLEUM When ? Is gas actually connected? Twp. R Rge. Unit If well produces oil or liquids, NO 0 21 rive location of tanks. f this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Plug Back | Same Res'v Diff Res'v New Well | Workover Deepen Gas Well Oil Well Designate Type of Completion - (X) Total Depth P.B.T.D. Date Compl. Ready to Prod. Date Spudded Top Oil/Gas Pay Tubing Depth Name of Producing Formation Elevations (DF, RKB, RT, GR, etc.) Depth Casing Shoe Perforations TUBING, CASING AND CEMENTING RECORD SACKS CEMENT **DEPTH SET** CASING & TUBING SIZE HOLE SIZE V. TEST DATA AND REQUEST FOR ALLOWABLE (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.) JIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tank Date of Test Casing Pressure Tubing Pressure Length of Test Water - Bbls. Actual Prod. During Test Oil - Bbls. **GAS WELL** Gravity of Condensate Bbis, Condensate/MMCF Length of Test Actual Prod. Test - MCF/D Choke Size Casing Pressure (Shut-in) Tubing Pressure (Shut-in) Testing Method (pitot, back pr.) VI. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION 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.

PRODUCTION SUPERINTENDENT

Signature TRAVIS REED

Printed Name 10/8/90

Date

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

Title

OBIGINAL SIGNED BY AIRE WILLIAMS

SUPERVISOR, DISTRICT IT

with Rule 111. All sections of this form must be filled out for allowable on new and recompleted wells.

Title

/683-6293 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.

