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NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND

Form C-104 Supersedes Old C-104 and C-110 RECEIVED

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS AUG 27 1970 D. C. C. Operator The Eastlen d Oil Company 79701 Other (Please explain) 704 Western United Life Building, Midland, Texas Reason(s) for filing (Check proper box) Change in Transporter of: New Well Dry Gas Recompletion Casinghead Gas Change in Ownership If change of ownership give name and address of previous owner ____ 14076 II. DESCRIPTION OF WELL AND LEASE
Well No. Lease No. Kind of Lease Pool Name, Including Formation
Power - Graykin - San Andres State, Federal or Fee IN 0299468 **Federal** Wildest ARCO - Federal
Location 810 Feet From The West Feet From The **Earth** Line and 660 D County , NMPM, Range 31 Last Township 18 South Line of Section III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil or Condensate Midland, Texas 79; h approved gopy of this form is 30 P. O. Box 3119
ddress (Give address to **79701** The Permian Corporation or Dry Gas Name of Authorized Transporter of Casinghead Gas diend, Toxas P. O. 10x Continental Oil Company When Is gas actually connected? Rge. Unit If well produces oil or liquids, give location of tanks. 188 | 31E If this production is commingled with that from any other lease or pool, give commingling order number: Mone Same Res'v. Diff. Res'v. IV. COMPLETION DATA Plug Back Workover New Well Gas Well Designate Type of Completion -(X)P.B.T.D. Total Depth Date Compl. Ready to Prod. Date Spudded 3,570 Tubing Depth 3,684 8-18-70 7-28-70 Top Oil/Gas Pay Name of Producing Formation Elevations (DF, RKB, RT, GR, etc.) 3,536 Grayburg 0.42" heles 3,410 3,684 GR. 3,694 KB I shot each -Perforations 3,684' 3,410, 3412', 3414', 3416', 3418', 3473', 3475', 3477', 3512', 3514' TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT DEPTH SET CASING & TUBING SIZE HOLE SIZE 350 Class "C", 27 CaCl2 712' 8 5/8" 11" 3,684 250 Incor-Pownix, 2% Gel 1/2" 7 7/8" 553E EVE (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) V. TEST DATA AND REQUEST FOR ALLOWABLE Producing Method (Flow, pump, gas lift, etc.) OIL WELL Date of Test Date First New Oil Run To Tanks Casing Pressure 8-<u>24-70</u> 8-18-70 Choke Size Tubing Pressur Length of Test 750# 1/2" 804 24 hrs Ggs - MCF Water - Bbls. Oil-Bbls Actual Prod. During Test 181 32.9 98.6 **GAS WELL** Gravity of Condensate Bbls. 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.) OIL CONSERVATION COMMISSION VI. CERTIFICATE OF COMPLIANCE G 97 1970 APPROVED 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. Gresse OIL AND GAS INSPECTOR TITLE

(Signature) Office Manager (Title) August 26, 1970

(Date)

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.

Separate Forms C-104 must be filed for each pool in multiply completed wells.