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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-110  
Effective 1-1-65

OCT 20 1970

O. C. C.

ARTESIA, OFFICE

I. Operator  
**The Eastland Oil Company**

Address  
**704 Western United Life Building, 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"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name **ALLIED FEDERAL** Well No. **1** Pool Name, including Formation **Grayburg-Undesignated** Kind of Lease **Federal** Lease No. **MM 0334702**

Location  
Unit Letter **A** **660** Feet From The **North** Line and **660** Feet From The **East**  
Line of Section **6** Township **18 South** Range **31 East**, NMPM, **Eddy** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil **The Permian Corporation** or Condensate ☐ Address (Give address to which approved copy of this form is to be sent) **P.O. Box 3119, Midland, Texas 79701**

Name of Authorized Transporter of Casinghead Gas **Continental Oil Company** or Dry Gas ☐ Address (Give address to which approved copy of this form is to be sent) **P. O. Box 431, Midland, Texas 79701**

If well produces oil or liquids, give location of tanks. Unit **A** Sec. **6** Twp. **18S** Rge. **31E** Is gas actually connected? **No** When

If this production is commingled with that from any other lease or pool, give commingling order number: **None**

IV. COMPLETION DATA

Designate Type of Completion - (X)	<b>X</b>	Oil Well	<b>X</b>	Gas Well	<b>X</b>	New Well	<b>X</b>	Workover	<b>X</b>	Deepen	<b>X</b>	Plug Back	<b>X</b>	Same Res'v.	<b>X</b>	Diff. Res'v.	<b>X</b>
Date Spudded	<b>9/17/70</b>	Date Compl. Ready to Prod.	<b>10/9/70</b>	Total Depth	<b>3870</b>	P.B.T.D.	<b>3530</b>										
Elevations (DF, RKB, RT, GR, etc.)	<b>3658' RKB, 3648' GR</b>	Name of Producing Formation	<b>Grayburg</b>	Top Oil/Gas Pay	<b>3392</b>	Tubing Depth	<b>3494</b>										
Perforations	<b>1 shot each - 0.42" holes</b>					Depth Casing Shoe	<b>3870</b>										
	<b>3392, 3395, 3397, 3427, 3429, 3438, 3467, 3483, 3486.</b>																

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<b>11"</b>	<b>8-5/8"</b>	<b>698'</b>	<b>350 sx Class C 2% Cacl2</b>
<b>7-7/8"</b>	<b>4 1/2"</b>	<b>3870'</b>	<b>250 sx Incor Pozmix 2% Gel</b>
	<b>2" EUE</b>	<b>3494</b>	

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	<b>10/9/70</b>	Date of Test	<b>10/18/70</b>	Producing Method (Flow, pump, gas lift, etc.)	<b>Flow</b>
Length of Test	<b>24 hours</b>	Tubing Pressure	<b>250 psi</b>	Casing Pressure	<b>450 psi</b>
Actual Prod. During Test		Oil - Bbls.	<b>78.62</b>	Water - Bbls.	<b>21.12</b>
				Choke Size	<b>24/64"</b>
				Gas - MCF	<b>99.1</b>

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.

  
**George D. Neal**  
(Signature)  
**Vice President**  
(Title)  
**October 19, 1970**  
(Date)

OIL CONSERVATION COMMISSION  
OCT 20 1970  
APPROVED \_\_\_\_\_, 19\_\_\_\_\_  
BY **W. A. Gressett**  
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.  
Separate Forms C-104 must be filed for each pool in multiply completed wells.

DONNELLY DRILLING CO., Inc.

OIL WELL DRILLING CONTRACTORS

P. O. BOX 433

ARTESIA, NEW MEXICO

October 5, 1970

RECEIVED

OCT 20 1970

The Eastland Oil Company  
704 Western United Life Building  
Midland, Texas 79701

D. C. C.  
ARTESIA, OFFICE

Well No. 1, Allied Federal Lease, 660' FNL, 660 FEL, Section 6, Township 18  
South, Range 31 East, Eddy County, New Mexico.

Deviation Record

<u>Test No.</u>	<u>Depth</u>	<u>Degree Off</u>
1	703	1/2
2	1327	3/4
3	1850	1/2
4	2001	3/4
5	2338	1
6	2789	1/4
7	3075	1/2
8	3253	3/4
9	3713	1/2
10	3852	1

The undersigned hereby certifies that he is an authorized representative of the  
drilling contractor, Donnelly Drilling Co., Inc. who drilled the above described  
well and that he conducted deviation test and obtained the results set out above.

DONNELLY DRILLING CO., INC.

by T. H. Donnelly  
T. H. Donnelly, President

State of New Mexico  
County of Eddy:

Subscribed and sworn to before me this 5th day of October 1970.

George H. Baker  
Notary Public

My Commission Expires:

August 26, 1974