

NO. OF COPIES RECEIVED	5
DISTRIBUTION	
SANTA FE	/
FILE	/
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL / GAS /
OPERATOR	/
PRORATION OFFICE	/

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
RECEIVED AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

FEB 5 1971

O. C. C.

ARTERIA, 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 ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
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. 2	Pool Name, Including Formation Power Grayburg - San Andres	Kind of Lease State, Federal or Fee Federal	Lease No. NM 0334702
Location Unit Letter B ; 660 Feet From The North Line and 1980 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 <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> The Permian Corporation	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 <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Continental Oil Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 2197, Houston, Texas 77001					
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 6	Twp. 18S	Rge. 31E	Is gas actually connected? Yes	When January 26, 1971

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)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 12/31/70	Date Compl. Ready to Prod. 1/17/71		Total Depth 3550'		F.B.T.D. 3519'			
Elevations (DF, RKB, RT, GR, etc.) 3633 GR, 3643 RDB	Name of Producing Formation Grayburg - San Andres		Top Oil/Gas Pay 3333'		Tubing Depth 3503'			
Perforations 1 shot each - 0.42" holes 3333, 3335, 3337, 3388, 3390, 3392, 3394, 3440, 3442, 3444					Depth Casing Shoe 3550'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE 11"	CASING & TUBING SIZE 8-5/8"		DEPTH SET 679'		SACKS CEMENT 350 sx Reg. 2 1/2" CaCl₂			
7-7/8"	4-1/2"		3550'		450 sx Incor-Poz 2 1/2" gel			
	2" EUE tubing		3503'					

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 1/18/71	Date of Test 2/4/71	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hours	Tubing Pressure 150	Casing Pressure 350	Choke Size 14/64"
Actual Prod. During Test	Oil - Bbls. 74.3	Water - Bbls. 19.0	Gas - MCF 259.2

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 **George D. Neal**
(Signature)
Vice President
(Title)
February 4, 1971
(Date)

OIL CONSERVATION COMMISSION

FEB 5 1971

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

January 12, 1971

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

Well No. 2 Allied Federal Lease, 660' FNL, 1980' FEL, Section 6, Township 18
South, Range 31 East, Eddy County, New Mexico.

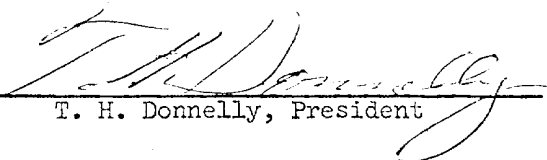
Deviation Record

<u>Test No.</u>	<u>Depth</u>	<u>Degree Off</u>
1	681	1/4
2	1188	1/2
3	1863	2
4	2250	1 1/4
5	2500	1 1/2
6	2966	1/2
7	3241	1 1/4
8	3405	1
9	3530	1/2

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 tests and obtained the results set out above.

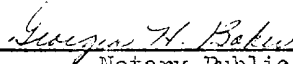
DONNELLY DRILLING COMPANY, INC.

by


T. H. Donnelly, President

State of New Mexico
County of Eddy:

Subscribed and sworn to before me this 12th day of January 1971.


Notary Public

My Commission Expires:

8-26-74