-	NO. OF COPIES RECEIVED									
	DISTRIBUTION NEW MEXICO OIL CO SANTA FE REQUEST F			OR ALI		ION	Supers	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65		
	FILE			AND			REC	EIV	P .	
╞	U.S.G.S.	AUTHORIZATION	TUTRA	NSPORI	UIL AND NA	TURAL GA				
ŀ	TRANSPORTER OIL						APR 8	³ 1971		
	GAS							13/1		
_	OPERATOR 7						D. C	. r.		
I .	Operator						ARTESIA,	OFFICE		
	The Eastland Oil Company V									
	Address 704 Western United	Life Building. M	idland,	Texas	79701					
	Reason(s) for filing (Check proper box)				Other (Please ex	plain)				
	New Well	Change in Transporter (
	Recompletion Oil Dry Gas Change in Ownership Casinghead Gas Condense				PURSUANT TO	FROM `\$816./W	171 S. 1971 F. AKY	TOTAL & WEAT &		
					UNLESA A CASE EXCEPTION TO	NGREAD/ICT.	CONTRACTOR NO.			
	If change of ownership give name and address of previous owner				5-	2/7-71				
	•		. /							
II.	DESCRIPTION OF WELL AND I	Well No. Pool Name, 1	Including F	ormation		ind of Lease			Lease No.	
	Allied State	1 Undesign	nated -	Graybi	irg si	ate, Federal c	or Fee Sta	te	L-121	
	Location		-4.2		660		aes	t.		
	Unit Letter M; 330 Feet From The South Line			and Feet From The			e			
		nship 17 5	Range	31E	, NMPM,		Edd	У	County	
II.	DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil	CER OF OIL AND NAT	URAL GA	S Address	(Give address to	which approve	d copy of this	form is to	be sent)	
	The Permian Corpor			P. 0.	Box 3119,	Midland,	Texas	79701		
	Name of Authorized Transcorter of Casinghead Gas Cor Dry Gas			Address	(Give address to	which approve	d copy of this		be sent)	
	Continental Oil Co	mpany	·····		Box 2197,			77001		
	If well produces oil or liquids,	Unit Sec. Twp.	Rge.	is gas a	No Mon		4-27.	21		
	give location of tanks.			give com	mingling order n	·		<i>【 /</i>		
v.	If this production is commingled wit COMPLETION DATA						Plug Back	See Deele	Diff. Res'v.	
	Designate Type of Completion - (X)			New Well	l Workover	Deepen	HING BOCK	Same Res.v	I DIII, Nes-V.	
	Date Spudded Date Compl. Ready to Prod.			Total Depth		P.B.T.D.				
	March 3, 1971	March 27, 1971		3,650*		3,625'				
	Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation			Top Oil/	Top Oil/Gas Pay		Tubing Depth 3,590 •			
	3,691 GR; 3,701 DF Grayburg				3,493		Depth Casing Shoe			
	Perforations 3,493 ¹ to 3,503 ¹							3,650*		
	TUBING, CASING, AND			CEMEN	CEMENTING RECORD					
	HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT 350 SX. Class C 2%CaCl				
	11#				700*		250 sx. Incor-Poz 2%gel			
	7-7/8"	4#1/ <i>4</i> "								
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 allow able for this depth or be for full 24 hours)									
	OIL WELL Date First New Oil Run To Tanks	OIL WELL				Producing Method (Flow, pump, gas lift				
	March 27, 1971	April 3, 1971		Pump						
	Length of Test	Tubing Pressure		Casing	Casing Pressure		Choke Size			
	24, hours	12-64" SPM		Water - E	620#		Gas-MCF			
	Actual Proa, During Test	36		76			82.8			
	l									
	AS WELL			Bhle C	Bbls. Condensate/MMCF		Gravity of Condensate			
	Actual Prod. Test-MCF/D	Length of Test		BLID: C						
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-i	n)	Casing	Pressure (Shut-	ln)	Choke Size			
								<u></u>		
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.				OIL CONSERVATION COMMISSION					
					APPROVED APR 9 1971, 19					
				BY_	BYQIL AND GAS INSPECTO					
	~	1			. 5	· · · · · · · · · · · · · · · · · · ·				
	Hanne Sheel				This form is to	be filed in c	ompliance w	ith RULE	1104. d os deserved	
				11	If this is a requ this form must	be accompan		Duration of	THE GOALETTON	
	(Signature) Vice President			tests	well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.					
	(Title)			able	All sections of this form must be filled out completely for allow- able on new and recompleted wells.					
	April 6, 1971				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.					
	(Date)			weil	Separate Forms C-104 must be filed for each pool in multiply					

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well name or number, or transporter, or other such changes of condition. Separate Forms C-104 must be filed for each pool in multiply completed wells.