

OIL CONSERVATION DIVISION

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SANTA FE, NEW MEXICO 87501

FEB - 5 1987

REQUEST FOR ALLOWABLE
O. C. D. AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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OPERATOR	<input checked="" type="checkbox"/>
PROMOTION OFFICE	

The Eastland Oil Company

Address
P.O. Drawer 3488, Midland, Texas 79702

Reason(s) for filing (Check proper box)

New Well ☐
Recompletion ☐
Change in Ownership ☐

Change in Transporter of:
Oil ☐
Casinghead Gas ☐

Dry Gas ☐
Condensate ☐

Other (Please explain)

Kenwood Fed #3
Change Lease Name
(NMOCD #R-8165-A)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Power Grayburg Unit Tr 3	3	Power Grayburg San Andres	State, Federal or Fee Federal	029389e
Location				
Unit Letter	D	660 Feet From The	North	Line and 660 Feet From The
Line of Section	6	Township	18 South	Range 31 East, NMPM, Eddy

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

SCURLOCK PERMIAN CORP EFF 9-1-91

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
The Permian Corporation	P.O. Box 1183, Houston, Texas 77001	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Continental Oil Company	P.O. Box 2197, Houston, Texas 77001	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	C	6
		18S
		31E
Is gas actually connected?	When	
Yes	1-26-71	

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
			Post ID-3
			2-6-87
			chg well name

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 all able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, 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 Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

James Reed
(Signature)

Production Superintendent

1-28-87

(Date)

OIL CONSERVATION DIVISION

FEB 6 1987

APPROVED _____, 19

Original Signed By
BY Mike Williams

TITLE Oil & Gas Inspector

This form is to be filed in compliance with RULE 1004.
If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the deviat test taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all able on new and recomple wells.

Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of condit

