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Appropriate District Office
DISTRICT 1 P.O. Box 1980, Hobbs, NM 88240

## State of New Mexico RECEVED Energy, Minerals and Natural Resources Department

Revised 1-1-89
See Instructions at Bottom of Page

DISTRICT II MAR 1 0 199 L CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 874

REQUEST FOR ALLOWARI F AND AUTHORIZATION

I.	I ILOK		NSPORT C								
Operator						Well API No.					
THE EASTLAND OIL COMPANY						30-015-20449					
P. O. DRAWER 3488	8. MIDLAN	JD. TX	79702								
Reason(s) for Filing (Check proper box		,	70702	Ot	her (Please expl	ain)					
New Well			Transporter of:		FFECTIVE	•					
Recompletion	Oil		Dry Gas	<del></del>			MMOCD #D (				
Change in Operator  If change of operator give name	Casinghea	d Gas	Condensate				NMOCD #R-8	3165A			
and address of previous operator											
II. DESCRIPTION OF WELL	L AND LEA	ASE									
Lease Name POWER GRAYBURG UNIT TR 4 1 Pool Name, Including Formation POWER GRAYBURG SAN ANDRES							d of Lease No.				
Location	IT TR 4   1   POWER GRAYBURG SAN ANDR					XXXII	x Federal xxx Feg	LC04	7633B		
Unit LetterA	:	660	Feet From The _	NORTH Lin	ne and	660 F	eet From The	E.	AST Line		
Section 1 Towns	hip 18-S		Range 31 EA	Cm	мрм,			EDD	Y County		
III. DESIGNATION OF TRA	NSPORTE!	R OF OIL	L AND NATI	JRAL GAS							
Name of Authorized Transporter of Oil	( <del>)</del>	or Condens		Address (Giv			copy of this form		seni)		
NAVAJO REFINING CO.  Name of Authorized Transporter of Casinghead Gas X or Dry Gas					P. O. DRAWER 159, ARTESIA, NM 88210						
CONTINENTAL OIL CO.	Address (Give address to which approved copy of this form is to be sent) P. O. BOX 2197, HOUSTON, TX 77001										
If well produces oil or liquids,		Is gas actually connected? When?									
give location of tanks.	i ci		18S   31E	YI	ES	j	12/16/71	· ·			
If this production is commingled with the IV. COMPLETION DATA	t from any other		ool, give comming	ling order num	ber: <u>CTB</u>	-324					
Designate Type of Completion	n - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back Sa	ıme Res'v	Diff Res'v		
Date Spudded	Date Compl. Ready to Prod.			Total Depth			P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	Name of Pro	oducing Form	nation	Top Oil/Gas Pay			Tubing Depth				
Perforations				Depth Casing Shoe							
	Tī	JBING, C	ASING AND	CEMENTIN	NG RECORI	<del></del>			<del></del>		
HOLE SIZE				DEPTH SET			SACKS CEMENT				
TEL			·	-	····						
V. TEST DATA AND REQUE											
OIL WELL (Test must be after a		d volume of	load oil and must					full 24 hou	rs.)		
Date First New Oil Run To Tank  Date of Test  Producing Method (Flow, pump, gas lift, etc.)											
Length of Test	Tubing Press	ure		Casing Pressure			Choke Size				
Actual Prod. During Test	Oil - Bbls.			Water - Bbis.			Gas- MCF				
GAS WELL		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	I			<u></u>				
GAS WELL Actual Prod. Test - MCF/D						Bbls. Condensate/MMCF			Gravity of Condensate		
				Dois. Conscission virte			Olavity of Condensate				
esting Method (pitot, back pr.)	Tubing Press	ure (Shut-in)		Casing Pressure (Shut-in)			Choke Size				
I. OPERATOR CERTIFIC	ATE OF (	COMPLI	ANCE		.,,						
l hereby certify that the rules and regulations of the Oil Conservation				OIL CONSERVATION DIVISION							
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.											
	-			Date .	Approved	MAI	R 1 5 1993	)			
Travis Re	D										
Signature PRODUCTION SUPERINTENDENT				By ORIGINAL SIGNED BY							
Printed Name	MIKE WILLIAMS Title SUPERVISOR, DISTRICT IT										
TRAVIS REED	915/6	583-629		11116_	SUFE	MTIDUN,	<u>viormor li</u>		<u> </u>		
Date 3/8/93		Telepho	ne No.								

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.

- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

