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TRANSPORTER	OIL	/
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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
RECEIVED
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
OCT 13 1971

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

O. C. C.

ARTESIA, OFFICE

I. OPERATOR

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)
PURSUANT TO THE POOL RULES, THIS AUTHORITY TO PRODUCE AND SELL OIL FROM THIS WELL WILL AUTOMATICALLY EXPIRE UNLESS A CASINGHEAD GAS CONNECTION OR AN AUTHORIZED EXCEPTION TO THE NO-FLARE RULE HAS BEEN OBTAINED BY:
12-6-71

If change of ownership give name and address of previous owner **Ex. # 2-39**
Expir 1-1-72

II. DESCRIPTION OF WELL AND LEASE

Lease Name Sibyl Federal	Well No. 2	Pool Name, Including Formation Power (Grayburg-San Andres)	Kind of Lease State, Federal or Fee Federal	Lease No. LC-047633(b)
Location				
Unit Letter H	330	Feet From The East	Line and 1650	Feet From The North
Line of Section 1	Township 18 South	Range 30 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 1183, Houston, Texas 77001	
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. 1
	Twp. 18S	Rge. 30E
	Is gas actually connected? yes	When 12-16-71

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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res ^{ty} .	Diff. Res ^{ty} .
Date Spudded 8/19/71	Date Compl. Ready to Prod. 9/4/71	Total Depth 3472'	P.B.T.D. 3443'					
Elevations (DF, RKB, RT, GR, etc.) 3580' GR, 3590' RT	Name of Producing Formation Grayburg	Top Oil/Gas Pay 3302'	Tubing Depth 3423'					
Perforations 1-0.42" jet shot each @ 3302', 3310', 3312', 3361', 3363', 3365', 3367', 3423', 3426', and 3428'.		Depth Casing Shoe 3472'						
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
11"	8-5/8"	671'	350 sz Class C					
7-7/8"	4-1/2"	3472'	250 sz Incon-Poz					
	2" KUE	3423'						

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)

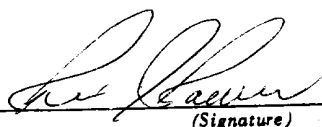
Date First New Oil Run To Tanks 10/6/71	Date of Test 10/10/71	Producing Method (Flow, pump, gas lift, etc.) Pump - 2" x 1-1/2" x 12' Insert Pump	
Length of Test 24 hours	Tubing Pressure 30psi	Casing Pressure open	Choke Size 12-48" SPH
Actual Prod. During Test	Oil-Bbls. 52.6	Water-Bbls. 22	Gas-MCF 172

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.


(Signature)

Agent
(Title)

October 11, 1971
(Date)

OIL CONSERVATION COMMISSION

OCT 13 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

BOX 433

ARTESIA, NEW MEXICO

August 31, 1971

RECEIVED

OCT 13 1971

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

O. C. C.
ARTESIA, OFFICE

Well No. 2, Sibyl Federal Lease, 1650' FNL, 330' FEL, Section 1,
T-18-S, Range-30-E, Eddy County, New Mexico

DEVIATION REPORT

Test No.	Depth	Degree Off
1	1121	1
2	1629	1 1/4
3	1790	1 3/4
4	2240	1 1/4
5	2495	1
6	2935	1 1/4
7	3218	1 1/2
8	3472	1 1/4

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 Co., Inc.

by

T. H. Donnelly, President

State of New Mexico
County of Eddy:

Subscribed and sworn to before me this 31st. day of August, 1971.

My Commission Expires:

July 28. 1975

Thelma Hall

Notary Public