

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

RECEIVED

MAR 10 1993

O. C. D.

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator THE EASTLAND OIL COMPANY		Well API No. 30-015-20484
Address P. O. DRAWER 3488, MIDLAND, TX 79702		
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: <input type="checkbox"/> Other (Please explain) Recompletion <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/> EFFECTIVE 2/1/93 Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> NMOCD #R-8165A		

If change of operator give name
and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name POWER GRAYBURG UNIT TR 4	Well No. 2	Pool Name, Including Formation POWER GRAYBURG SAN ANDRES	Kind of Lease State, Federal or Both	Lease No. LC047633B
Location Unit Letter H : 1650 Feet From The NORTH Line and 330 Feet From The EAST Line 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"/> NAVAJO REFINING CO.	Address (Give address to which approved copy of this form is to be sent) P. O. DRAWER 159, ARTESIA, NM 88210					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> 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, give location of tanks.	Unit C	Sec. 6	Twp. 18S	Rge. 31E	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: CTB-324

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same 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 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		

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 Tank	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/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR 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.

Signature Travis Reed
PRODUCTION SUPERINTENDENT
Printed Name TRAVIS REED Title
Date 3/8/93 Telephone No. 915/683-6293

OIL CONSERVATION DIVISION

Date Approved MAR 15 1993

By ORIGINAL SIGNED BY
MIKE WILLIAMS
Title SUPERVISOR, DISTRICT II

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.

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different depth.
Use "APPLICATION FOR PERMIT—" for such proposals.)

RECEIVED

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐
2. NAME OF OPERATOR
The Eastland Oil Company
3. ADDRESS OF OPERATOR
P. O. Drawer 3488, Midland, Texas 79702
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

JUN 4 '90

O. G. D.
ARTESIA, OFFICE

14. PERMIT NO.
15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3580' GR

5. LEASE DESIGNATION AND SERIAL NO.
LC-047633 (B)
6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
Power Grayburg Unit
8. FARM OR LEASE NAME
Power Grayburg Unit TR 4
9. WELL NO.
2

10. FIELD AND POOL, OR WILDCAT
Power Grayburg, San Andres
11. SEC., T., R., E., M., OR BLK. AND
SURVEY OR AREA

Sec. 1, T-18-S, R-30-E
12. COUNTY OR PARISH
Eddy
13. STATE
NM

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF
FRACTURE TREAT
SHOOT OR ACIDIZE
REPAIR WELL
(Other)

PULL OR ALTER CASING
MULTIPLE COMPLETE
ABANDON*
CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF
FRACTURE TREATMENT
SHOOTING OR ACIDIZING
(Other)

REPAIRING WELL
ALTERING CASING
ABANDONMENT*

(NOTE: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

On 5-15-90 treated well w/10,000 gal. crosslinked gel water w/11,000 lbs. 20/40 sand and 5,200 lbs. 12/20 sand at 15 BPM down 2-3/8" tbg below packer @ ave. of 3300 psi, w/ISIP of 1050.

The well was shut in overnight.

5-16-90 T.P.-0 pulled tubing & PKR, reran tubing and rods, start pumping @ 3:30 P.M.

ACCEPTED FOR RECORD

Ab

JUN 11 1990

CALIFORNIA DEPT. OF CONSERVATION

RECEIVED
MAY 23 10 41 AM '90
CARLSBAD DISTRICT OFFICE
AREA HEADQUARTERS

18. I hereby certify that the foregoing is true and correct

SIGNED *James Reed*

TITLE Production Superintendent

DATE 5/21/90

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: