

OIL CONSERVATION DIVISION

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SANTA FE, NEW MEXICO 87501

FEB - 5 1987

REQUEST FOR ALLOWABLE
AND
O. C. D.
ARTESIA, OFFICE
TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES DESIRED	
DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.O.S.	
LAND OFFICE	
TRANSPORTER	<input checked="" type="checkbox"/>
OIL	<input checked="" type="checkbox"/>
GAS	<input checked="" type="checkbox"/>
OPERATION	<input checked="" type="checkbox"/>
PRODUCTION OFFICE	

I. Operator
The Eastland Oil Company

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

Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>	Change in Transporter of:		Other (Please explain)
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>	Arco Fed. #4
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	Change Lease Name
				(NMOCD #R-8165-A)

Other (Please explain)

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-1(b)	4	Power Grayburg San Andres	State, Federal or Fee Federal	NM 0299468
Location				
Unit Letter	D	: 660 Feet From The North Line and 330 Feet From The West		
Line of Section	5	Township 18 South	Range 31E	NMPM, Eddy County

SCURLOCK PERMIAN CORP EFF 9-1-91

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

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.	Is gas actually connected? when
Unit D Sec. 5 Twp. 18S Rge. 31E	Yes 6-29-78

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't'v.	Diff. Re
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 of well, this form must be accompanied by a tabulation of the dev't tests taken on the well in accordance with RULE 111.)

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/MMCF	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.

Mavis Reed
(Signature)

Production Superintendent
(Title)

1-28-87
(Date)

OIL CONSERVATION DIVISION

FEB 6 1987

APPROVED _____, 19

BY Original Signed By
Mike Williams

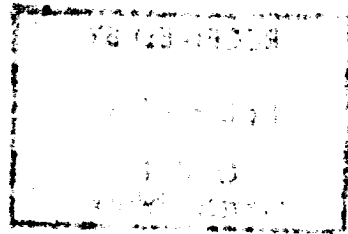
TITLE Oil & Gas Inspector

This form is to be filled in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the dev't tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for a well on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of conditions. Section 1102 must be filled for each pool and



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TOP SECRET