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

State of New Mexico Energy, Minerals and Natural Resources Department Form C-104 Revised 1-1-89

See Instructions at Bottom of Page

OCT 13'90

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

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

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION

O. C. D.

I.	TOTRA	ANSPORT OIL	AND NATURAL	GAS	ARIESTA C			
Operator THE EASTLAND OIL COMPA	NV /			Well	API No.			
Address		0.2						
P. O. DRAWER 3488, MID Reason(s) for Filing (Check proper box)	DLAND, IX 797	02	Other (Please e	xplain)				
New Well	Change in	Transporter of:						
Recompletion	Oil _		EFFECTIVE	: 09/01/90)			
Change in Operator X If change of operator give name EDED	Casinghead Gas							
and address of previous operator FRED	POOL DRILLI	NG, INC., P.	O. BOX 1393,	KUSWELL,	NW 00201			
II. DESCRIPTION OF WELL				17:-4	of Lease	1 -	ase No.	
Lease Name TAHELINBAK	HELINBAK 1 ARTESIA QN					Reservation Fig. LG-3019		
Location Unit LetterP	989	Feet From The	OUTH Line and	330 F	eet From The	EAST	Line	
Section 17 Township	, 18S	Range 28E	, NMPM,		ED	DY	County	
III. DESIGNATION OF TRAN	SPORTER OF O	IL AND NATU	RAL GAS					
Name of Authorized Transporter of Oil Or Condensate Address (Give address to which approved copy of this form is to be sent)								
NAVAJO REFINING CO. P. O. DRAWER 159, ARTESIA, NM 88210 Name of Authorized Transporter of Casinghead Gas Or Dry Gas Address (Give address to which approved copy of this form is to be sent)							nt)	
PHILLIPS PETROLEUM CO.			BARTLESVILLE, OK 74004					
If well produces oil or liquids, give location of tanks.	Unit	Twp. Rge. 18S 28E			n 7 -20-83			
If this production is commingled with that f	1 7 1 1 1	pool, give commingl	ing order number:				· · · · · · · · · · · · · · · · · · ·	
IV. COMPLETION DATA	Oil Well	Gas Well	New Well Workover	Deepen	Plug Back Sa	me Res'v	Diff Res'v	
Designate Type of Completion -		Prod	Total Depth		P.B.T.D.			
Date Spudded Date Compl. Ready to Prod.				4.0.1.0.				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations			Depth Casing Shoe					
TUBING, CASING AND C			CEMENTING RECORD					
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
		 						
						 		
V. TEST DATA AND REQUES	T FOR ALLOW	ABLE	he equal to or exceed ton	allowable for th	is depth or be for	full 24 how.	s.)	
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.)								
Date I hat Now Oil Name To Take	Date of 100				Choke Size	ostia	ID-	
Length of Test	Tuoing Treasure		Casing Pressure		10-26-70			
Actual Prod. During Test	Oil - Bbls.		Water - Bbis.		Gas-MCF ENG OP			
GAS WELL								
Actual Prod. Test - MCF/D	Eugai of Tan		Bbls. Condensate/MMCF		Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut	-in)	Casing Pressure (Shut-in)		Choke Size			
VI OPERATOR CERTIFICA	TE OF COMP	LIANCE	-:-		ATIONIC	V//O/O	N.I.	
VI. OPERATOR CERTIFICATE OF COMPLIANCE I 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 0CT 2 3 1990					
			24.07, pp. 01	J =				
Signature			By OPIGINAL SIGNED BY					
TRAVIS REED PRODUCT	ION SUPERINTE	NDENT	MIKE WILLIAMS					
Printed Name 10/05/90	915/683-	6293	Title SUPERVISOR, DISTRICT IF					

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

Date

- 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.

Telephone No.

- 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.