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

State of New Mexico

DECEIVED Form C-104

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

Energy, Minerals and Natural Resources Department	See Instructions at Bottom of Page
OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088	OCT 18 '90
Santa Fe, INEW INICAICO 07504-2000	c D.

1000 Rio Brazos Rd., Aztec, NM 87410	REQUEST F	OR ALLOWAE	BLE AND	AUTHORI	ZATION	ARTESIA, C			
I	ŢO TRA	NSPORT OIL	AND NA	FURAL GA	4S	Pl No.			
Operator THE EASTLAND OIL COMPANY						30-015-25201			
Address P. O. DRAWER 3488,	MIDLAND, TX 7	9702							
Reason(s) for Filing (Check proper box) New Well Recompletion Change in Operator	Change in Oil Casinghead Gas	Transporter of: Dry Gas		FECTIVE	·				
If change of operator give name	ED POOL DRILL					NEW MEX	ICO 8820	01	
and address of previous operator II. DESCRIPTION OF WELL									
Lease Name COMSTOCK FEDERAL	Well No. 2		ool Name, Including Formation ARTESIA Q-Gb-SA			Kind of Lease Lease No. Federal NM 42410			
Location K Unit LetterK	1650	Feet From The	S Lib	and17	7.0 Fe	et From The	W	Line	
Section 12 Townsh	ip 18S	Range 27E	, NI	ирм,		EDDY		County	
III. DESIGNATION OF TRAN	SPORTER OF O	IL AND NATU	RAL GAS						
Name of Authorized Transporter of Oil	or Conder	sate	Address (Giv	e address to wh DRAWER 1	hich approved 59, ARTE	copy of this fo SIA, NM	rm is to be se 88210	nı)	
	NAVAJO CRUDE OIL PURCHASING Tame of Authorized Transporter of Casinghead Gas XX or Dry Gas The Company of th			Address (Give address to which approved BARTLESVILLE, OK 74004			copy of this form is to be sent)		
If well produces oil or liquids, prive location of tanks.	Unit Sec. 12	Twp. Rgc. 18 27 £	Is gas actually connected? When						
If this production is commingled with that		<u> </u>	ing order num	ær:					
IV. COMPLETION DATA Designate Type of Completion	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 Fo	ormation	Top Oil/Gas Pay			Tubing Depth			
Perforations					Depth Casing Shoe				
	TUDING	CASING AND	CEMENTI	NG RECOR	D	<u> </u>			
HOLE SIZE	CASING & TU		DEPTH SET			SACKS CEMENT			
							<u> </u>		
V. TEST DATA AND REQUE	ST FOR ALLOW	ABLE				<u> </u>			
OIL WELL (Test must be after t	recovery of total volume	of load oil and must	be equal to or	exceed top alle	owable for this	depth or be fo	or full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Test		Producing Method (Flow, pump, gas 191,			Choke Size			
Length of Test	Tubing Pressure		Casing Pressure			10-26-10			
Actual Prod. During Test	Oil - Bbls.		Water - Bbls.			Gas- MCF	GMY	· · · · · · · · · · · · · · · · · · ·	
GAS WELL			Inc. c :			Gravity of C	ondensate		
Actual Prod. Test - MCF/D	Length of Test		Bbls. Condensate/MMCF			Gravity of Condensate			
Festing Method (pitot, back pr.)	Tubing Pressure (Shut	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.		OIL CONSERVATION DIVISION Date Approved OCT 2 3 1990							
Signature TRAVIS REED PRODUCTION Printed Name 10/04/90	CTION SUPERIN	Title 293	By_ Title	MIKE ¥	IAL SIGNE FILLIAMS VISOR, DI				
Date	Tele	phone No.	11						

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.