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

DISTRICT II

State of New Mexico Energy, Minerals and Natural Resources Department

RECEIVED

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

OIL CONSERVATION DIVISION P.O. Box 2088

OCT 18 '90

P.O. Drawer DD, Artesia, NM 88210	Santa Fe, New Mexico 87504-2088						OC1 10 5	,0		
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	REQUEST	FOR AL	LOWAE	BLE AND A	UTHORI	ZATION	(), C. D	FICE		
I.	TO TRANSPORT OIL AND NATURAL GA						Well API No.			
Operator THE EASTLAND OIL CO			30	30-015-25545						
Address P. O. DRAWER 3488,	MIDLAND, TX	79702			(D)					
Reason(s) for Filing (Check proper box)		in Transpor	ter of:	U Othe	r (Please expl	ain)				
New Well Recompletion	Oil [Dry Gas	1 1							
Change in Operator	Casinghead Gas	Condens	ate 🗌	EFFE(CTIVE 09	/01/90				
f change of operator give name FI	RÉD POOL DRIL	LING,	INC.,	P. O. BO	X 1393,	ROSWELL,	NM 8820)1		
and address of previous operator	AND LEACE									
Lease Name	SCRIPTION OF WELL AND LEASE me Well No. Pool Name, Include							Lease Lease No. NM 42410		
COMSTOCK FEDERAL	3	ARTE	SIA QU	GB SA	., ,,,,		Federal	INM 42	+10	
Location Unit LetterM	990	Feet Fro	nn The SO	UTH Line	and9	90Fe	et From The _	WEST	Line	
Section 12 Townsh	nip 18S	Range	27E	. NN	ирм,		EDDY		County	
Section 12 Townsh	119 100	Kange			*****					
III. DESIGNATION OF TRAI			NATU:	RAL GAS	address to w	hick approved	conv of this fo	orm is to be se	nt)	
Name of Authorized Transporter of Oil X or Condensate				Address (Give address to which approved copy of this form is to be sent) BOX 159, ARTESIA, NM 88201						
NAVAJO CRUDE OIL PURCH Name of Authorized Transporter of Casin		or Dry C	Gas 🗔	Address (Give	address to w	hich approved	copy of this fo	rm is to be se	nt)	
PHILLIPS PETROLEUM	agreed Case [74]			BARTLES	VILLE, O	K74004				
If well produces oil or liquids, pive location of tanks.	Unit Sec.	Twp. 18S	Rgc. 2 7 E	Is gas actually YE		When	? 6-6-86			
f this production is commingled with that	t from any other lease of	or pool, give	commingl	ing order numb	ег:					
V. COMPLETION DATA	Oil We	ell G	as Well	New Well	Workover	Deepen	Piug Back	Same Res'v	Diff Res'v	
Designate Type of Completion				<u>i i</u>		<u>i</u> i			1	
Date Spudded	Date Compl. Ready	to Prod.		Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	RT, GR, etc.) Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth			
Perforations				<u></u>			Depth Casing Shoe			
		= = . =		OEN (ENTEN	IC DECOR		<u> </u>			
	TUBING, CASING AND CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
HOLE SIZE	CASING &	IORING 2	<u>ZE</u>		DET THI DET					
										
							ļ			
	DOT FOR ALLOY	VADIE		<u></u>			<u></u>			
7. TEST DATA AND REQUE DIL WELL (Test must be after	recovery of total volum	v ALDILIE ve of load oi	l and must	be equal to or	exceed top allo	owable for this	depth or be f	or full 24 how	s.)	
Date First New Oil Run To Tank	Date of Test			Producing Me	thod (Flow, pu	ımp, gas lift, e	tc.)		,	
				C : D			Choke Size	poste	d ID- 26-90	
ength of Test	Tubing Pressure	Tubing Pressure			Casing Pressure			10-	26-90	
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.			Gas- MCF	leng	OP	
GAS WELL										
Actual Prod. Test - MCF/D	Length of Test		Bbls. Condens	ate/MMCF	_	Gravity of Condensate				
esting Method (pitot, back pr.)	Tubing Pressure (Sh		Casing Pressure (Shut-in)			Choke Size				
			ar.				İ			
I. OPERATOR CERTIFIC			CE	∥ c	IL CON	ISERVA	I NOITA	DIVISIO	N	
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.				Date Approved OCT 2 3 1990						
. 0	mioniose ma conor.			Date	Approve	u	<u> </u>	·••		
Isaux Leed					ORIGIN	AL SIGNE	D SY			
Signature TRAVIS REED PRODUCTION SUPERINTENDENT				MIKE WILLIAMS						
Printed Name	915/683	Title 5-6293		Title_	SUFER	VISOR, DIS	STRICT IS			
10/04/90 Date		elephone 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.