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

RECEIVED

Form C-104 Revised 1-1-8 See Instruction at Bottom of

OIL CONSERVATION DIVISION

OPT 18 '90

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DISTRICT III			exico 87504-2088	୦ ୯. ୦ .		
1000 Rio Brazos Rd., Aztec, NM 87410	REQUEST FO	OR ALLOWAR	BLE AND AUTHORIZA	TION ARTESIA, OFFICE		
I.	TOTRA	NSPORT OIL	AND NATURAL GAS	Well API No.		
Operator THE EASTLAND OIL COMPA	ANY /					
Address P. O. DRAWER 3488, MI	DLAND, TX 797	02				
Reason(s) for Filing (Check proper box)			Other (Please explain)			
New Well	~	Transporter of:				
Recompletion \(\sum_{Y} \)	Oil Casinghead Gas	Dry Gas Condensate	EFFECTIVE 09/0	1/90		
Change in Operator			. O. BOX 1393, ROS			
and address of previous operator		110, 11101, 1				
II. DESCRIPTION OF WELL	AND LEASE	Pool Name, Including	no Formation	Kind of Lease	Lease No.	
LAUREL STATE	1	ARTESIA	QU-G-SA	State, Federal Por Fee	E 7179	
Location	940		N Line and 175	Feet From The	W Line	
Unit Letter	-:	Feet From The	N Line and 17.			
Section 7 Township	, 18S	Range 28E	, NMPM,	EDDY	County	
III. DESIGNATION OF TRAN	SPORTER OF O	L AND NATU	RAL GAS	60116	is to be sent!	
Name of Authorized Transporter of Oil or Condensate			Address (Give address to which approved copy of this form is to be sent) P. O. BOX 159, ARTESIA, NM 88210			
NAVAJO REFINING CO.						
Name of Authorized Transporter of Casing PHILLIPS PETROLEUM C	0.	U. 2., C	P. O. BOX 5050, I	BARTLESVILLE, OR	74005	
If well produces oil or liquids, give location of tanks.	Unit Sec. 7	Twp. Rge. 18S 28W	Is gas actually connected? YES	When ? 2-23-87		
If this production is commingled with that f	rom any other lease or	pool, give commingli	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		Gas Well	New York Workers			
Date Spudded	Date Compl. Ready to	Prod.	Total Depth	P.B.T.D.		
	S. C. L. S. E.		Top Oil/Gas Pay	Tubing Depth		
Elevations (DF, RKB, RT, GR, etc.)	(, RT, GR, etc.) Name of Producing Formation		,			
Perforations	<u> </u>			Depth Casing S	hoe	
			CONTRAIN DECORD			
			CEMENTING RECORD DEPTH SET	SAC	CKS CEMENT	
HOLE SIZE	CASING & TU	IBING SIZE	<u> </u>	DEFIN SET		
	T FOR ALLOW	DIE				
V. TEST DATA AND REQUES OIL WELL (Test must be after re	I FOR ALLOW F	of load oil and must	be equal to or exceed top allowa	ble 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.)	a filto-	
			Casing Pressure	Choke Size	Joseph July 9	
Length of Test	Tubing Pressure			Gas- MCF	Dosted ID-3 10-26-90 Eng OP	
Actual Prod. During Test	Oil - Bbls.		Water - Bbls.	Gas- MCF	leng or	
GAS WELL	1					
Actual Prod. Test - MCF/D	Length of Test		Bbls. Condensate/MMCF	Gravity of Con-	lensate	
		•	Casing Pressure (Shut-in)	Choke Size		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)		Casing Pressure (Ond 11)			
VI. OPERATOR CERTIFICA	ATE OF COMP	LIANCE	OIL COMS	ERVATION DI	VISION	
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 ApprovedOCT 2 3 1990				
			• •	-		
Tracis led			By ONGINA	AL SIGNED BY		
Signature TRAVIS REED PRODUCTION SUPERINTENDENT			MIKE WILLIAMS			
Printed Name 10/05/90	915/683-6	Title 293	Title SUPERV	TOR, DISTRICT II		
Date		phone No.				
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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
- 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.