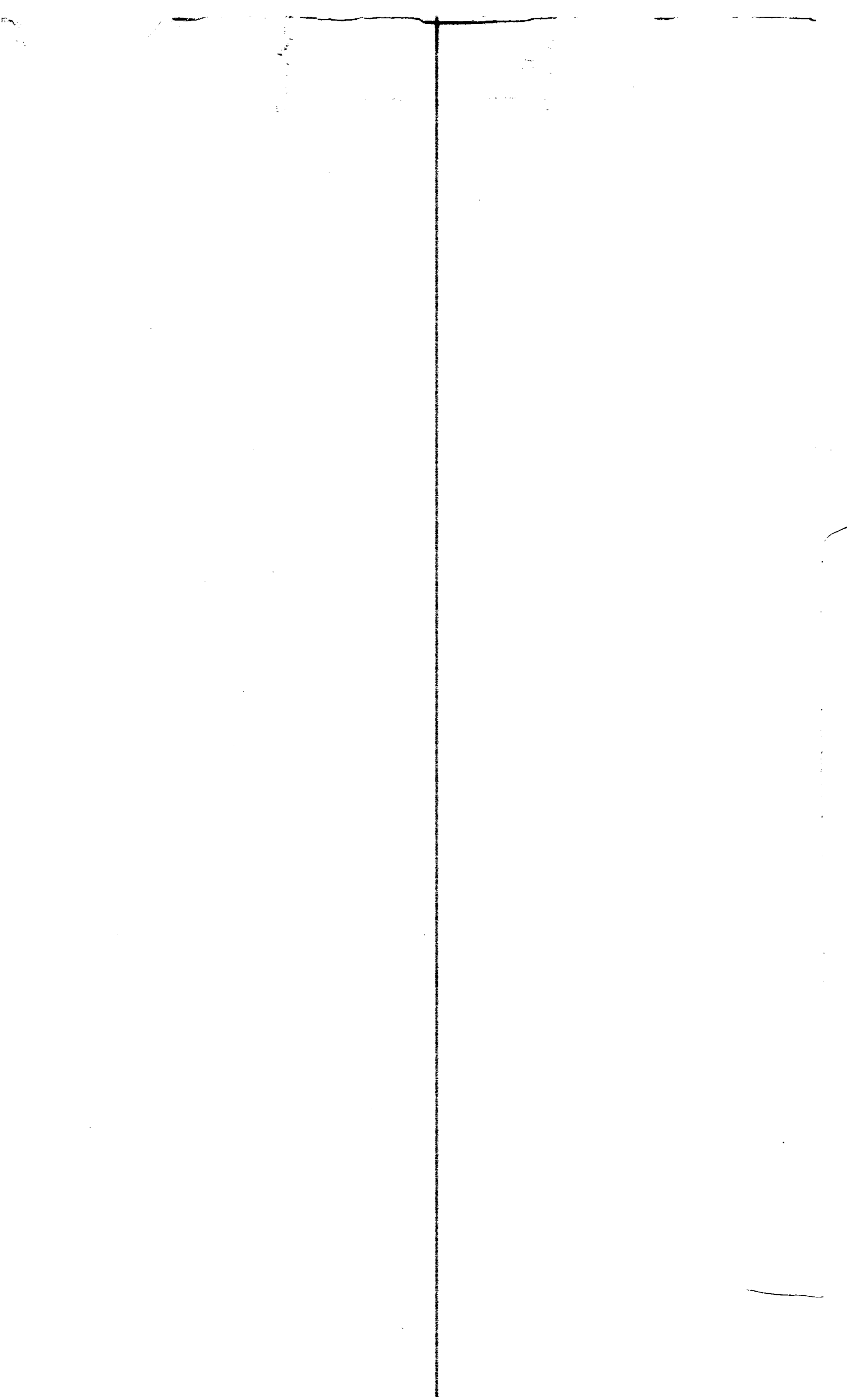


12-3-87
compensated neutron
(cased hole)
1470-2894
dual laterolog
1140-2941



OIL CONSERVATION DIVISION

OCT 18 '90

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

O. C. D.
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I. Operator THE EASTLAND OIL COMPANY ✓ Well API No. 30-015-25794
Address P. O. DRAWER 3488, MIDLAND, TX 79702
Reason(s) for Filing (Check proper box) Other (Please explain)
New Well Change in Transporter of:
Recompletion Oil Dry Gas
Change in Operator Casinghead Gas Condensate EFFECTIVE 09/01/90
If change of operator give name and address of previous operator FRED POOL DRILLING, INC., P. O. BOX 1393, ROSWELL, NM 88201

II. DESCRIPTION OF WELL AND LEASE
Lease Name P. J. "A" STATE Well No. 7 Pool Name, Including Formation TURKEY TRACK-SR-QU-G-SA Kind of Lease STATE Lease No. B 7717
Location Unit Letter A : 330 Feet From The NORTH Line and 990 Feet From The EAST Line
Section 1 Township 19S Range 29E, NMPM, EDDY County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
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
Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent) P. O. BOX 5050, BARTLESVILLE, OK 74005
If well produces oil or liquids, give location of tanks. Unit A Sec. 1 Twp. 19S Rge. 29E Is gas actually connected? YES When? 11/07/87

IV. COMPLETION DATA
Designate Type of Completion - (X) 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 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

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 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.)
Length of Test Tubing Pressure Casing Pressure Choke Size posted ID-3 10-26-90
Actual Prod. During Test Oil - Bbls. Water - Bbls. Gas- MCF Chg OP

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. 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.
Signature Travis Reed
Printed Name TRAVIS REED Title PRODUCTION SUPERINTENDENT
Date 10/09/90 Telephone No. 915/683-6293

OIL CONSERVATION DIVISION
Date Approved OCT 23 1990
By ORIGINAL SIGNED BY MIKE WILLIAMS
Title SUPERVISOR, DISTRICT 19

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.