

00-015-25888



Oxford Pendarflex
CORPORATION

STOCK No. R753 1/3

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MADE IN U.S.A.

8-3-88
Comp Z-denselag
Comp Neutron Gamma Ray
Surf - 3-4-8
dual laterolog Gamma Ray
1100-2838
Prolog Field Analysis

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

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

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

RECEIVED

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

OCT 18 '90

C. C. D.
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator THE EASTLAND OIL COMPANY ✓	Well API No. 30-015-25888
Address P. O. DRAWER 3488, MIDLAND, TX 79702	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Change in Operator <input checked="" type="checkbox"/>	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. 12	Pool Name, Including Formation TURKEY TRACK SR-Q-GB-SA	Kind of Lease State, Federal or Fee	Lease No. B-7717
Location Unit Letter H : 1650 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 NAVAJO REFINING CO. <input checked="" type="checkbox"/>	or Condensate <input type="checkbox"/>	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 PHILLIPS 66 NATURAL GAS CO. <input checked="" type="checkbox"/>	or Dry Gas <input type="checkbox"/>	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 H	Sec. 1	Twp. 19S	Rge. 29E	Is gas actually connected? YES	When? 08/01/88

If this production is commingled with that from any other lease or pool, give commingling order number:

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 10-3 10-26-90
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF 64g 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 PRODUCTION SUPERINTENDENT
Printed Name
10/09/90
Date
915/683-6293
Telephone No.

OIL CONSERVATION DIVISION

Date Approved OCT 23 1990

By
ORIGINAL SIGNED BY
Title
SUPERVISOR, DISTRICT II

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.