8-30-89 CN-LD 200-1953 Perf. Depth Pon. 1600-2647 DLL-M-5FL 1100-2753

NC Tops DOW	1 8/21/89
Tx	340
Вх	1040
Vates,	1566
Seven Rivers	1756
Queen	8اړډ
Grayburg	2575

5 1

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 1-1-89 See Instructions at Bottom of Page

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

OCT 18'90

👵 C. D.

DISTRICT III	56	111ta I 0, 1	1011 112	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			C. D.	_		
1000 Rio Brazos Rd., Aztec, NM 87410	REQUEST F	OR ALL	.OWAE	BLE AND A	AUTHORI	ZATION A	artesia, offici	;		
I.	TOTRA	ANSPO	RT OIL	AND NA	TURAL G	AS				
Operator	TO TRANSPORT OIL AND NATURAL GAS					Well A	Weil API No.			
1 -	EASTLAND OIL COMPANY					30-015-26148				
Address										
P. O. DRAWER 3488, M	IDLAND, TX 79	702								
Reason(s) for Filing (Check proper box)				Othe	er (Please expl	ain)				
New Well	Change is	n Transporte	r of:							
Recompletion	Oil	Dry Gas								
Change in Operator	Casinghead Gas	Condensa	te 🔲	EFF	ECTIVE 0	9/01/90				
	D POOL DRILLI	NG IN	C P	O BOX	1393. R	OSWELL.	NM 88201			
and address of previous operator	D FOOL DIVILLE	.110, 111	0., 1	. o. box	2000,	,				
II. DESCRIPTION OF WELL	AND LEASE							,		
Lease Name	Well No. Pool Name, Including						(Lease STATE Lease No. Proderak & B 7717			
P.J. ''A'' STATE	17	TURKE	Y TRK	., SR-Q-	G-SA	State/s	BUCKEROUT BOX	В 77.	17	
Location							,	COLUMN		
Unit Letter0	_ :1980	_ Feet From	The	EAST Line	and66	<u>'</u> F≪	t From The	SOUTH	Line	
							EDI	av.	a .	
Section 2 Townshi	_{ip} 19S	Range	29E	, NI	ирм,		EDI	<u>) I </u>	County	
III. DESIGNATION OF TRAN	ISPORTER OF O	IL AND	NATU	RAL GAS		high approved	copy of this form	is to be se	nt)	
Name of Authorized Transporter of Oil	X or Conde	nsate		Address (Give				00 36/	/	
NAVAJO REFINING CO.					P. O. BOX 159, ARTESIA, NM 88210 Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casin	ghead Gas X	or Dry Ga	18	Address (Giv	e address 10 W	<i>hich approved</i> Dadties	COPY OF INIS JOIN	74005	, ,	
PHILLIPS PETROLEUM		·					VILLE, OK	74003		
If well produces oil or liquids,	Unit Sec.	Twp.	Rge. 29E	Is gas actually YES		When A	uGUST 31,	1989		
give location of tanks.	0 2									
If this production is commingled with that	from any other lease or	pool, give	commingl	ing order numb	er:					
IV. COMPLETION DATA							Pl P 1 C	Dog'se	Diff Res'v	
	Oil Well	i Gar	s Well	New Well	Workover	Deepen	Plug Back Sar	ne Kes v	patt Kes v	
Designate Type of Completion		,		Total Depth		1	P.B.T.D.			
Date Spudded	Date Compl. Ready to	o Prod.		Total Depth			F.B.1.D.			
				Top Oil/Gas I	Pav		Tubing Depth			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation			100 010 000 1 = 1			Tubing Depth				
							Depth Casing Sh	106		
Perforations							Depair Casing S.			
					ia proof					
				CEMENTI	NG RECOR	<u> </u>	CAC	VC CEM	CNT	
HOLE SIZE	CASING & TI	UBING SIZ	Έ		DEPTH SET		SAC	KS CEME	<u> </u>	
										
										
V. TEST DATA AND REQUES	T FOR ALLOW.	ABLE							1	
OIL WELL (Test must be after r	ecovery of total volume	of load oil	and must	be equal to or	exceed top all	owable for this	depin or be jor j	#1 24 NOW	3.)	
Date First New Oil Run To Tank	Date of Test			Producing Me	thod (Flow, p	ump, gas lift, et	c.)			
							Choke Size	Soster	1 ID-1	
Length of Test	Tubing Pressure			Casing Pressu	re		CHOKE SIZE /	10 -	26-90	
							Gas- MCF	6 119	-OP	
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.			Gas- MCF			
-										
CACTUELL										
GAS WELL Actual Prod. Test - MCF/D	Length of Test			Bbls. Conden	sate/MMCF		Gravity of Cond	ensate		
ACIUAI PTOOL 1681 - MICP/D	Penkar or rest			3 3						
	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)		Choke Size					
esting Method (pitot, back pr.)	Inoing Liesenie (Sum-m)			,						
VI. OPERATOR CERTIFIC	ATE OF COME	PLIANC	E			ISERVA	TION DI	VISIO	N	
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			OCT 2 3 1000							
is true and complete to the best of my knowledge and belief.			Date Approved OCT 2 3 1990							
·	,				- •					
mus Le	d)			By_						
Signature	TION SUPERINT	ENDENT		""						
	I TON SUPERINI	Title		T:11-						
Printed Name 10/10/90	915/683-62			H Hitle.						
Date	· · · · · · · · · · · · · · · · · · ·	phone No.								

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.