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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

NOV 7 '90

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

O. C. D.

ARTESIA, OFFICE

Operator THE EASTLAND OIL COMPANY ✓	Well APIN 30-015-26444
Address DRAWER 3488, MIDLAND, TX 79702	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name P. J. "A" STATE	Well No. 20	Pool Name, Including Formation TURKEY TRACK, SR, Q, GB, SA	Kind of Lease State, Federal , Lease	Lease No. B 7717
Location Unit Letter H : 2310 Feet From The NORTH Line and 330 Feet From The EAST Line Section 2 Township 19-S Range 29E, NMPM, EDDY County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> NAVAJO REFINING CO.	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 <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> PHILLIPS	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 D	Sec. 1	Twp. 19S	Rge. 29E	Is gas actually connected? YES	When? 10-16-90

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 X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 8-19-90	Date Compl. Ready to Prod. 10-16-90		Total Depth 3100'		P.B.T.D. 3037'			
Elevations (DF, RKB, RT, GR, etc.) 3381' GR	Name of Producing Formation GRAYBURG		Top Oil/Gas Pay 2722' 2605		Tubing Depth 2702' 2708			
Perforations 2605' - 2728' - 16 holes					Depth Casing Shoe 3096'			

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8-5/8"	357'	350 sx w/2% CAC1
7-7/8"	5-1/2"	3096'	300 sx - 375 sx
	2-3/8"	2708'	Post ID-2 11-30-90

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 10-16-90	Date of Test 10-31-90	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs.	Tubing Pressure 25	Casing Pressure 270	Choke Size NA
Actual Prod. During Test	Oil - Bbls. 27.5	Water - Bbls. 4	Gas - MCF 40

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
11-05-90
Date
Title
915/683-6293
Telephone No.

OIL CONSERVATION DIVISION

Date Approved NOV 30 1990

By ORIGINAL SIGNED BY
MIKE WILLIAMS
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.