

OCT 10 1984

O. C. D.
ARTESIA OFFICE

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. OPERATOR	
The Eastland Oil Company ✓	
Address P.O. Drawer 3488, Midland, Texas 79702	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter of: <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input checked="" type="checkbox"/> (10-1-84)	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner Austin Gas Purchasing Inc. Box 748, Salina, Kansas, 67401

II. DESCRIPTION OF WELL AND LEASE

Lease Name Tract 4 Malaga Unit	Well No. 1	Pool Name, including Formation Malaga Delaware	Kind of Lease State, Federal or Fee Fee	Lea
Location				
Unit Letter B ; 330 Feet From The North Line and 1650 Feet From The East				
Line of Section 13 Township 24S Range 28E , NMPM, Eddy				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Injection Well	-----	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
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If well produces oil or liquids, give location of tanks.	Unit	Sec. Twp. Rge.
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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't.	Diff
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 10% of total volume of load oil or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

Post 10-3
10-19-84
Chg. OP

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. 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.

Vice-President-Production George D. Neal

October 5, 1984

OIL CONSERVATION DIVISION
OCT 12 1984

APPROVED _____, 19__

BY _____
Original Signed By
Leslie A. Clements

TITLE _____
Supervisor District II

This form is to be filled in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or d
well, this form must be accompanied by a tabulation of the d
tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely f
able on new and recompleting wells.
Fill out only Sections I, II, III, and VI for changes o
with names or number, or transfer from one section to another.