

RECEIVED BY

OCT 10 1984

O. C. D.  
ARTESIA, OFFICEREQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator

The Eastland Oil Company ✓

Address

P.O. Drawer 3488, Midland, Tx. 79702

Reason(s) for filing (Check proper box)

New Well ☐

Change in Transporter of:

Recompletion ☐Oil ☐Dry Gas ☐Change in Ownership ☒ (10-1-84)Casinghead Gas ☐Condensate ☐

Other (Please explain)

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 Malaga Unit, Tract 2	Well No. 1	Pool Name, including Formation Malaga Delaware	Kind of Lease State, Federal or Fee Federal	Lease LCO
Location Unit Letter J : 2310 Feet From The South Line and 2310 Feet From The East Line of Section 7 Township 24-S Range 29-E, NMPM, Eddy				

SCURLOCK PERMIAN CORP EFF 9-1-91

## III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> The Permian Corporation	Address (Give address to which approved copy of this form is to be sent, P.O. Box 1183, Houston, Tx. 77001	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> None	Address (Give address to which approved copy of this form is to be sent, -----	
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 7
	Twp. 24-S	Rge. 29-E
	Is gas actually connected? No	
	When	

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 top able for this depth 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

## 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. 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)

Vice-President-Production, George D. Neal

October 6, 1984

## OIL CONSERVATION DIVISION

APPROVED OCT 12 1984

BY Original Signed By  
Leslie A. Clements  
Supervisor District IIThis form is to be filed in compliance with RULE 1102.  
If this is a request for allowable for a newly drilled or de well, this form must be accompanied by a tabulation of the de tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for able on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such changes of