

## OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

RECEIVED BY

Form C-104  
Revised 10-1-78

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 ☐

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. 2	Pool Name, including Formation Malaga Delaware	Kind of Lease State, Federal or Free Federal	Lease LCO
Location Unit Letter <u>G</u> : <u>2310</u> Feet From The <u>North</u> Line and <u>2310</u> Feet From The <u>East</u>			65970C	
Line of Section <u>7</u> Township <u>24-S</u> Range <u>29-E</u> , NMPM, Eddy				

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

SCURLOCK PERMIAN CORP EFF 9-1-91

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, CR, 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
			Post #D-3 10-19-84 Chg. Op.

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 to  
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 (pistol, 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, 19BY Original Signed By  
Leslie A. ClementsTITLE Supervisor District II

This form is to be filled in compliance with RULE 100.

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  
test taken on the well in accordance with RULE 111.All sections of this form must be filled out completely for  
able on new and recompleting wells.Fill out only Sections I, II, III, and VI for changes of  
well name or number, or transporter, or other such change of