

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator  
The Eastland Oil Company ✓  
Address  
P.O. Drawer 3488, Midland, Tx. 79702Reason(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  
Reid-Federal  
Well No.  
1  
Pool Name, including Formation  
Malaga Delaware  
Kind of Lease  
State, Federal or Fee Federal  
Lease  
LC  
065970C  
Location  
Unit Letter B : 330 Feet From The North Line and 2310 Feet From The East  
Line of Section 7 Township 24-S Range 29-E, NMPM, Eddy

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

Name of Authorized Transporter of Oil ☒ or Condensate ☐  
The Permian Corporation Permian (20-1-1984)  
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 ☒ or Dry Gas ☐  
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 B 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'v. 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 testable 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/MCF 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 6, 1984

## OIL CONSERVATION DIVISION

APPROVED OCT 12 1984

BY Original Signed By  
Leslie A. Clements  
Supervisor District IITITLE  
This form is to be filed in compliance with RULE 1004.  
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  
test taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely f  
able on new and recompleted wells.  
Fill out only Sections I, II, III, and VI for changes o  
well name or number, or transporter or other such change of c