

NO. OF COPIES RECEIVED	4
DISTRIBUTION	
SANTA FE	/
FILE	/
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL / GAS
OPERATOR	/
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

NOV 21 1977

I. Operator
The Eastland Oil Company ✓
Address
704 Western United Life Building, Midland, Texas 79701
Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)
**CASINGHEAD GAS MUST NOT BE
FLARED AFTER 1-1-78
UNLESS AN EXCEPTION TO Rule 306
IS OBTAINED**

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name **C.R. Lopez "A"** Well No. **1** Pool Name, including Formation **Undesignated Delaware** Kind of Lease **Fee** Lease No.
Location
Unit Letter **M**; **660** Feet From The **South** Line and **990** Feet From The **West**
Line of Section **29** Township **22S** Range **28E**, NMPM, **Eddy** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Company
Summit Gas Company Effective May 1, 1978 Summit Gas Company
Address (Give address to which approved copy of this form is to be sent)
405 Entex Building, Houston, Texas 77002
Name of Authorized Transporter of Casinghead Gas ☒ SUMMIT TRANSPORTATION COMPANY
Address (Give address to which approved copy of this form is to be sent)
None
If well produces oil or liquids, give location of tanks. Unit **M** Sec. **29** Twp. **22S** Rge. **28E** 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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 10-11-77	Date Compl. Ready to Prod. 10-30-77	Total Depth 2563'	P.B.T.D. 2554'					
Elevations (DF, RKB, RT, GR, etc.) 3036'DF(ref), 3026'GR Delaware	Name of Producing Formation Delaware	Top Oil/Gas Pay 2482	Tubing Depth 2540'					
Perforations 1 shot per foot: 2482-2500 (19 holes)			Depth Casing Shoe 2563					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12-1/4	8-5/8"	433'	250 Class C 2%CaCl₂					
7-7/8	4-1/2"	2563'	500sx Lite 200sx50-50					
	2" EWE	2540'	posmix, 2%gel, 6#salt					

V. TEST DATA AND REQUEST FOR ALLOWABLE (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)

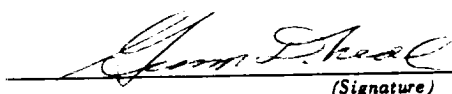
Date First New Oil Run To Tanks 10-30-77	Date of Test 11-17-77	Producing Method (Flow, pump, gas lift, etc.) Pump - 9-1/2 SPM	
Length of Test 24 hours	Tubing Pressure 20 psi	Casing Pressure 20 psi	Choke Size 2" X 1-1/2" pump
Actual Prod. During Test 24 hours	Oil-Bbls. 93	Water-Bbls. 8	Gas-MCF 10

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, 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 Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.


(Signature)

Superintendent
(Title)

11-18-77
(Date)

OIL CONSERVATION COMMISSION

APPROVED **NOV 21 1977**, 19____
BY **W. G. Gressett**
TITLE **SUPERVISOR, DISTRICT II**

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

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

Separate Forms C-104 must be filed for each pool in multiply completed wells.