

## OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-1-78

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DEC 29 1981

OIL  
ARTESIA, N.M.REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES REQUIRED	2
DISTRIBUTION	
SANTA FE	7
FILE	7
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL 7 GAS 7
OPERATOR	7
PRODUCTION OFFICE	

Operator  
The Eastland Oil CompanyAddress  
P. O. Drawer 3488, Midland, Texas 79702

Reason(s) for filing (Check proper box)

New Well ☐Recompletion ☐Change in Ownership ☐

Change in Transporter of:

Oil ☒Dry Gas ☐Casinghead Gas ☐Condensate ☐

Other (Please explain) Reason:

Change in transporter from Summit Transportation Company to Navajo Crude Oil Purchasing Co. effective 1-1-82.

If change of ownership give name and address of previous owner

## II. DESCRIPTION OF WELL AND LEASE

Lease Name City of Carlsbad	Well No. 1	Pool Name, Including Formation Herradura Bend Cherry Canyon	Kind of Lease State, Federal or Fee	Fee	Lease No.
Location Unit Letter <u>K</u> : <u>2110</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>West</u> Line of Section <u>29</u> Township <u>22South</u> Range <u>28 East</u> , NMPM, <u>Eddy</u> County					

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

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Navajo Crude Oil Purchasing Company	P.O. Drawer 175, Artesia, New Mexico 88210					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	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 <u>K</u>	Sec. <u>29</u>	Twp. <u>22S</u>	Rge. <u>28E</u>	Is gas actually connected? <u>No</u>	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 (X)	Gas well	New Well	Workover	Deepen	Plug Back	Same Res't.	Diff. Res't.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RAB, 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

## 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 allowable 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 (prior, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

## I. 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.

George D. Neal  
(Signature)

Vice President - Production

(Title)

12-28-81

(Date)

## OIL CONSERVATION DIVISION

JAN 4 1982

APPROVED

BY

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 deepen 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 all wells on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of condition. Separate Form C-104 must be filed for each pool in multi-