

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-1-78

RECEIVED

AUG 07 1981

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

1. OPERATOR	
Operator <u>Eastland Oil Company</u>	
Address <u>P. O. Drawer 3488, Midland, Texas 79702</u>	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain) CASINGHEAD GAS MUST NOT BE FLARED AFTER <u>10-1-81</u> UNLESS AN EXCEPTION TO <u>Rule 306</u> IS OBTAINED <u>EX # 2-562</u>	
If change of ownership give name and address of previous owner _____	

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Harroun A</u>	Well No. <u>3</u>	Pool Name, Including Formation <u>Herradura Bend (Delaware)</u>	Kind of Lease State, Federal or Fee <u>Fee</u>	Lease No. <u>4444</u>
Location				
Unit Letter <u>J</u> : <u>2310</u> Feet From The <u>South</u> Line and <u>1650</u> Feet From The <u>East</u>				
Line of Section <u>29</u> Township <u>22S</u> Range <u>26E</u> , NMPM, <u>Endy</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)					
<u>Summit Transportation Co.</u>	<u>310 Illinois Ave. Suite 128, Midland, TX</u>					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
<u>None</u>	<u>79702</u>					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	<u>A</u>	<u>32</u>	<u>22S</u>	<u>26E</u>	<u>No</u>	

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. Res'v.
<u>X</u>								
Date Spudded <u>6-17-81</u>	Date Compl. Ready to Prod. <u>8-1-81</u>		Total Depth <u>4020'</u>		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) <u>3041' GR, 3050' DF</u>	Name of Producing Formation <u>2504</u>		Top Oil/Gas Pay <u>2504</u>		Tubing Depth <u>2510'</u>			
Perforations <u>2504-2514 (11 jet shots)</u>					Depth <u>2504</u> , Shoe <u>2605</u>			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>15"</u>	<u>10 5/4"</u>		<u>397'</u>		<u>350 sx Class C-21 CaCl₂</u>			
<u>7 7/8"</u>	<u>4 1/2"</u>		<u>2605'</u>		<u>600 sx Howco Lite</u>			
					<u>250 sx Class C-Por</u>			

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 allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks <u>8-1-81</u>	Date of Test <u>8-4-81</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pump 10-42" GPM</u>	
Length of Test <u>24 hrs.</u>	Tubing Pressure <u>---</u>	Casing Pressure <u>25 psi</u>	Choke Size <u>1 1/2" pump</u>
Actual Prod. During Test	Oil-Bbls. <u>32</u>	Water-Bbls. <u>3</u>	Gas-MCF <u>4</u>

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (piston, 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)

George D. Neal

Vice President-Production

(Title)

8-6-81

(Date)

OIL CONSERVATION DIVISION

APPROVED

AUG 21 1981

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BY

TITLE

SUPERVISOR, DISTRICT 4

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.