Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator THE EASTLAND OLL COMPANY							Well API No. 30-015-24300			
THE EASTLAND OIL COMPANY Address							30-013-24300			
P. O. DRAWER 3488	B, MIDLA	AND, TX	79702		/DI					
Reason(s) for Filing (Check proper box) New Well Recompletion Change in Operator	Oil Casinghead	D	ransporter of: ory Gas		er (Please expl	ain)				
If change of operator give name and address of previous operator										
IL DESCRIPTION OF WELL AND LEASE										
COME FORTSON FEDERAL COM		We I No. P	ool Name, Includ MALAGA				Kind of Lease State, Federal of Feex		Lease No. NM54398	
Location Unit LetterF	. :	1830 F	eet From The N	ORTH Lin	e and21	40 F	eet From The	WES	ST Line	
Section 12 Townshi	24-S	R	ange 28E	, NMPM,			EDDY County			
									County	
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	Address (Give address to which approved copy of this form is to be sent)									
SCURLOCK PERMIAN CORP.				P. O. BOX 4648, HOUSTON, TX 77210						
Name of Authorized Transporter of Casinghead Gas or Dry Gas X PINNACLE NATURAL GAS CO.				Address (Give address to which approved copy of this form is to be sent) 1031 ANDREWS HWY., MIDLAND, TX 79701					nt)	
If well produces oil or liquids, give location of tanks.	Unit F		wp. Rge. 4-S 28E	Is gas actually connected? When						
If this production is commingled with that in IV. COMPLETION DATA	rom any othe	r lease or poo	d, give commingl	ing order num				_		
Designate Type of Completion	- (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back Sa	ıme Res'v	Diff Res'v	
Date Spudded	Date Compl	. Ready to Pr	od.	Total Depth		<u> </u>	P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Perforations								Depth Casing Shoe		
	าช	IRING C	A SING AND	CEMENTE	IC PECOPI	<u> </u>	1			
HOLE SIZE	CEMENTING RECORD DEPTH SET			SACKS CEMENT						
							Fr. 7 - 1			
							7			
								<u> </u>		
V. TEST DATA AND REQUES OIL WELL (Test must be after re				he equal to or	exceed top allo	wahle for thi	s denth or he for	full 24 kour	·)	
Date First New Oil Run To Tank	Date of Test	2 70 2.2 0) 7.			thod (Flow, pur				;	
Length of Test	Tubing Pressure			Casing Pressure			Choke Size			
cengui or rea	Tuoing Tressure									
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			
•										
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation				OIL CONSERVATION DIVISION						
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.				Date	MOV 12	IOV 1 2 1993				
Lineis Reld							ion by		, ,,	
TRAVIS REED PRODUCTION SUPERINTENDENT				By CORNGINALISIGNED BY						
Printed Name Title 10-28-93 915/683-6293				Title_	3,5 66	900 98 , 3	Maria Carata	· · · · · · · · · · · · · · · · · · ·		
Date Telephone No.										

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.