

OIL CONSERVATION DIVISION

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OPERATOR	<input checked="" type="checkbox"/>
PRODUCTION OFFICE	

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SANTA FE, NEW MEXICO 87501

OCT 29 1985

REQUEST FOR ALLOWABLE
AND
O. C. D.
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
The Eastland Oil Company

Address
P.O. Drawer 3488, Midland, Texas 79702

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"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease
State "32"	3	Herradura Bend (Delaware)	State, Federal or Fee	State #68673
Location				
Unit Letter	E	1650 Feet From The North	Line and	990 Feet From The West
Line of Section	32	Township	22S	Range 28E, NMPM, Eddy Co.

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)					
Navaio Crude Oil Purchasing Company	P.O. Drawer 159, Artesia, NM 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	Sec.	Twp.	Rge.	Is gas actually connected?	When
	L	32	22S	28E	No	

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't.	Diff. f
	X		X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
9-6-85	10-9-85	2445'	-----					
Elevations (DF, RAB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
3044' GR, 3045' DF	Delaware Sand	2434	2403'					
Perforations	Depth Casing Shoe							
Open hole: 2429'-2445'	2429'							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12"	8 5/8"	378'	250sx 11 3/4" W/2%CaCl2
8 & 6 1/4"	4-1/2"	2429'	300sx Lite &
	2-3/8" EUE	2403'	200sx 50-50 poz
*reduced hole size @ 2405'			

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
able 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.)	
10-12-85	10-20-85	Pump	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs	10psi	0	10-42" SPM
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
	20	43	TSTM

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	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.

George D. Neal
(Signature)

George D. Neal

Vice-President-Production

October 28, 1985

OIL CONSERVATION DIVISION

NOV 21 1985

APPROVED _____, 19____

BY _____ Original Signed By
Les A. Clements

TITLE _____ Supervisor District II

This form is to be filed in compliance with RULE 1004.
If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the data taken on the well in accordance with RULE 111.

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

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