

OR BY MAIL RECEIVED	
DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.D.S.	
LAND OFFICE	
TRANSPORTER	<input checked="" type="checkbox"/>
OIL	<input checked="" type="checkbox"/>
GAS	<input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
REGISTRATION OFFICE	

RECEIVED BY

DEC -6 1985

O. C. D.

ARTESIA, OFFICE

REQUEST FOR ALLOWABLE  
AND  
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 ☒Recompletion ☐Change in Ownership ☐

Change in Transporter of:

Oil ☐Casinghead Gas ☐Dry Gas ☐Condensate ☐

Other (Please explain)

CASINGHEAD GAS MUST NOT BE

PLACED INTO 2-20-86

EXCEPT ON TO:

RULE 306 IS OBTAINED

EX 2-747

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	Lea
State "32"	4	Herradura Bend (Delaware)	State, Federal or Fee State	L686
Location				
Unit Letter	F	1652 Feet From The	North Line and 2283 Feet From The	West
Line of Section	32	Township	22S	Range 28E, NMPM, Eddy

## 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 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
	XX		XX					
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
10-26-85	11-23-85		2461		-----			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
3040' GR, 3041' DF	Delaware Sand		2454 2771		2443			
Perforations					Depth Casing Shoe			
Open Hole 2441-2461'								
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8		381		250 Class C			
8" & 6" *	4-1/2		2441		300 sx Lite			
* Reduced hole @ 2417'			2413		200 sx 50-50			

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 to  
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.)	
11-29-85	12-1-85	Pump	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs	10#	10#	10-42" SPM
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
	20	0	TSTM

## GAS WELL

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

(Signature) George D. Neal

Vice President-Production

12-4-85

## OIL CONSERVATION DIVISION

APPROVED DEC 23 1985, 19

BY Original Signed By  
Les A. Clements

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 de  
well, this form must be accompanied by a tabulation of the de  
test taken on the well in accordance with RULE 111.All sections of this form must be filled out completely fo  
able on new and recompleting wells.Fill out only Sections I, II, III, and VI for changes of  
well name or number, or transporter, or other such changes.