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NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

I. Operator  
Eastern Petroleum Co.  
Address  
P.O. Box 291, Carmi, Illinois 62821  
Reason(s) for filing (Check proper box)  
New Well ☒ Change in Transporter of:  
Recompletion ☐ Oil ☒ Dry Gas ☒  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐  
Other (Please explain)

If change of ownership give name and address of previous owner Amerada Division, Amerada Hess Corporation

II. DESCRIPTION OF WELL AND LEASE  
Lease Name Navajo Tract #4 Well No. 1 Undesignated Missippian Kind of Lease Indian Lease No. 14-20-0603-927  
Location  
Unit Letter C : 660 Feet From The FNL Line and 1980 Feet From The FWL  
Line of Section 20 Township 27N Range 17W , NMPM, San Juan County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  
Name of Authorized Transporter of Oil ☒ or Condensate ☐  
Four Corners Pipeline Address (Give address to which approved copy of this form is to be sent)  
P. O. Box 1588, Farmington, New Mexico 87401  
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒  
Eastern Petroleum Co. Address (Give address to which approved copy of this form is to be sent)  
P.O. Box 291, Carmi, Ill. 62821  
If well produces oil or liquids, give location of tanks. Unit F Sec. 3 Twp. 28N Rge. 17W Is gas actually connected? Yes When 4-14-71

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.  
Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.  
Elevations (DF, RKB, 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

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	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		Gravity of Condensate	
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	
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 Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Robert C. Bullock  
(Signature)

Vice President

(Title)

4-13-71

(Date)

OIL CONSERVATION COMMISSION

APPROVED APR 13 1971

BY Original Signed by Emery C. Arnold

SUPERVISOR DIST. #3

TITLE

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.  
For a C-104 must be filed for each pool in multiply