

00-010-210444

11-7-90

Dual lat.

1050-3084

Comp. Neutron

00-3098

NC Tops DGM 11/19/90

Tx	360
Bx	1160
Yates	
Queen	2236
San Andres	3050

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

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

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

RECEIVED

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

FEB 20 1991

O. C. D.
ARTESIA OFFICE

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator THE EASTLAND OIL COMPANY ✓		Well API No. 30-015-26444
Address P. O. DRAWER 3488, MIDLAND, TEXAS 79702		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator _____		

II. DESCRIPTION OF WELL AND LEASE

Lease Name P. J. "A" STATE	Well No. 20	Pool Name, Including Formation TURKEY TRK, SR, Q, GB, SA	Kind of Lease State, Federal or Fed	Lease No. B7717
Location Unit Letter <u>H</u> : <u>2310</u> Feet From The <u>North</u> Line and <u>330</u> Feet From The <u>East</u> Line Section <u>2</u> Township <u>19-S</u> Range <u>29E</u> , NMPM, <u>EDDY</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"/> NAVAJO REFINING CO.	Address (Give address to which approved copy of this form is to be sent) P. O. BOX 159, ARTESIA, NM 88210					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> PHILLIPS	Address (Give address to which approved copy of this form is to be sent) P. O. BOX 5050, BARTLESVILLE, OK 74005					
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 1	Twp. 19S	Rge. 29E	Is gas actually connected? YES	When? 1-31-91

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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input checked="" type="checkbox"/>	Same Res'v <input type="checkbox"/>	Diff Res'v <input checked="" type="checkbox"/>
Date Spudded 8-19-90	Date Compl. Ready to Prod. 01/31/91		Total Depth 3100'			P.B.T.D. 1800'		
Elevations (DF, RKB, RT, GR, etc.) 3381 GR	Name of Producing Formation SEVEN RIVERS		Top Oil/Gas Pay 1626'			Tubing Depth 1644'		
Perforations 1626', 29, 64, 68, 70, 73, 78, 80, 82, 83, 1733'-1736' - 24 holes						Depth Casing Shoe 3096'		
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		
12 1/4"	8-5/8"		357'			350 sx		
7-7/8"	5 1/2"		3096'			300 sx		
	2-3/8"		1644'					

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 Tank 02/01/91	Date of Test 02/04/91	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs	Tubing Pressure ---	Casing Pressure 50	Choke Size NA
Actual Prod. During Test 13	Oil - Bbls. 6	Water - Bbls. 7	Gas - MCF 165

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. OPERATOR 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.

Travis Reed
Signature
TRAVIS REED PRODUCTION SUPERINTENDENT
Printed Name
02/19/91 Title
915/683-6293
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved FEB 22 1991

By ORIGINAL SIGNED BY
MIKE WILLIAMS
Title SUPERVISOR, DISTRICT II

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.