

OIL CONSERVATION DIVISION

P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

RECEIVED

DEC 14 1981

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

O. O. D.

NO. OF DEEPENINGS RECEIVED	
DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	<input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
PRODUCTION OFFICE	

I. OPERATOR

Operator **THE EASTLAND OIL COMPANY** ✓

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

Reason(s) for filing (Check proper box)

New Well <input type="checkbox"/>	Change in Transporter of: Oil <input checked="" type="checkbox"/>	Dry Gas <input type="checkbox"/>	Other (Please explain) Reason: <b>Name change in transporter from Summit Transportation to The Crude Company</b>
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>			

If change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Harroun A</b>	Well No. <b>3</b>	Pool Name, Including Formation <b>Herradura Bend (Delaware)</b>	Kind of Lease <b>Fee</b>	Lease No. _____
Location				
Unit Letter <b>J</b>	<b>2310</b> Feet From The <b>South</b> Line and <b>1650</b> Feet From The <b>East</b>			
Line of Section <b>29</b>	Township <b>22S</b>	Range <b>28E</b>	NMPM, <b>Eddy</b> 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"/>	<b>The Crude Company</b>				Address (Give address to which approved copy of this form is to be sent) <b>310 Illinois Ave, Suite 128, Midland, TX 79702</b>	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	<b>NONE</b>				Address (Give address to which approved copy of this form is to be sent) _____	
If well produces oil or liquids, give location of tanks.	Unit <b>A</b>	Sec. <b>32</b>	Twp. <b>22S</b>	Rge. <b>28E</b>	Is gas actually connected? <b>No</b>	When _____

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) <b>XX</b>	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 type="checkbox"/>	Same Res't. Diff. Inv. <input checked="" type="checkbox"/>
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 _____

*Posted ID-3  
Chng. transporter  
12-18-81*

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.

*[Signature]*  
Vice President - Production  
12/10/81

OIL CONSERVATION DIVISION

APPROVED **DEC 14 1981**, 19 \_\_\_\_\_

BY *[Signature]*  
SUPERVISOR, DISTRICT II

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 deviate 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.

Separate Forms C-104 must be filed for each pool in multi-