

OIL CONSERVATION DIVISION

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

RECEIVED

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

DEC 29 1981

O. C. D.

ARTESIA, OFFICE

|                     |   |
|---------------------|---|
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| SANTA FE            |   |
| FILE                |   |
| U.S.U.S.            |   |
| LAND OFFICE         |   |
| TRANSPORTER         |   |
| OIL                 |   |
| GAS                 |   |
| OPERATOR            |   |
| PRODUCTION OFFICE   |   |

Operator The Eastland Oil Company

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

Reason(s) for filing (Check proper box):  
 New Well  Change in Transporter of: Oil  Dry Gas   
 Recompletion  Casinghead Gas  Condensate   
 Change in Ownership

Other (Please explain) Reason:  
 Change in transporter from The Crude Co. to Navajo Crude Oil Purchasing Company effective 1-1-82.

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

DESCRIPTION OF WELL AND LEASE

| Lease Name  | Well No. | Pool Name, Including Formation | Kind of Lease             | Lease No. |
|-------------|----------|--------------------------------|---------------------------|-----------|
| Harroun "A" | 4        | Herradura Bend Delaware        | State, Federal or Fee Fee |           |

Location  
 Unit Letter I : 1652 Feet From The South Line and 972 Feet From The East  
 Line of Section 29 Township 22S Range 28E , NMPM, Eddy County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|  |  |
|--|--|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/><br><u>Navajo Crude Oil Purchasing Company</u> | Address (Give address to which approved copy of this form is to be sent)<br><u>P. O. Drawer 175, Artesia, NM 88210</u> |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/><br><u>None</u>                        | Address (Give address to which approved copy of this form is to be sent)<br><u>-</u>                                   |
| If well produces oil or liquids, give location of tanks.<br>Unit <u>A</u> Sec. <u>32</u> Twp. <u>22S</u> Rge. <u>28E</u>                                       | Is gas actually connected? <u>No</u> When <u>-</u>   |

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

COMPLETION DATA

| Designate Type of Completion - (X) | Oil Well (X)                | Gas Well        | New Well     | Workover | Deepen | Plug Back         | Same Rest'v. | Diff. Rest'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 |          |        | Depth Casing Shoe |              |               |

TUBING, CASING, AND CEMENTING RECORD

| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
|-----------|----------------------|-----------|--------------|
|           |                      |           |              |
|           |                      |           |              |
|           |                      |           |              |

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

|                                  |                           |                           |                       |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| 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            |

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  
 Vice President - Production  
 12-28-81  
 (Date)

OIL CONSERVATION DIVISION

JAN 4 1982

APPROVED \_\_\_\_\_  
 BY W. A. Gressett  
 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 deepened well, this form must be accompanied by a tabulation of the deviated 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 multiple.