Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

## State of New Mexico Energy, Minerals and Natural Resources Department

RECEIVED

Form C-104 See Instructions at Bottom of Page

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

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

OCT 18'90

O. C. D.

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	REQUEST F	,	1	Ι Ε' ΔΝΙΌ ΔΙ Ι	ITHORIZ	ZATION A	O. C. D.	i			
I.	HEQUEST I	ANSPO	DRT OIL	AND NATU	RAL GA	NS .		<u> </u>			
Operator 7/7						Weil API No. 30-005-61286					
THE EASTLAND OIL COM	<b>,</b>	30-003-01200									
Address P. O. DRAWER 3488, M	MIDLAND, TX	79702									
Reason(s) for Filing (Check proper box)				Other (	Please expla	in)					
New Well	~~	in Transpo	<u> </u>								
Recompletion	Oil Casinghead Gas	」 Dry Ga: ☐ Conden			EFFECT.	IVE 09/0	1/90				
If change of operator give name FREI	POOL DRILL			. O. BOX 1	.393, R	OSWELL,	NM 88201				
and address of previous operator					76730						
II. DESCRIPTION OF WELL A  Lease Name EASTLAND STATE 289	ng Formation Kin			V Lease STATE Lease No.  L 6773							
Location	/ 2					200		WEST			
Unit Letter K	1980	_ Feet Fr	om The $\frac{S^{0}}{2}$	OUTH Line an	ıd1	980F <b>∞</b>	t From The	MESI	Line		
Section 13 Township	9S	Range	26E	, NMPI	м,		CH	AVES	County		
III DESIGNATION OF TRAN	SPORTER OF	OIL AN	D NATU	RAL GAS							
Name of Authorized Transporter of Oil	Name of Authorized Transporter of Oil or Condensate					Address (Give address to which approved copy of this form is to be sent) P. O. BOX 159, ARTESIA, NM 88210					
NAVAJO REFINING 1567 28/2656				Address (Give address to which approved copy of this form is to be sent)							
Name of Authorized Transporter of Casing TRANSWESTERN PIPELINE	of Attitionized Triansporter of Carrier and Carrier an				, HOUST	ON, TX 7	7001				
If well produces oil or liquids, give location of tanks.	Unit S∞. K 13	Twp. 9S	<b>Rge.</b>   26E	Is gas actually of YES		When	7 1982				
If this production is commingled with that i	from any other lease of	or pool, giv	e commingl	ing order number:	<del></del>						
IV. COMPLETION DATA	Oil W	-11 (	Gas Well	New Well V	Vorkover	Deepen	Plug Back   S.	ame Res'v	Diff Res'v		
Designate Type of Completion				i L		<u>i           i</u>			1		
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				
Elevations (DF, RKB, RI, GR, Ele.)											
Perforations	J						Depth Casing	Snoe			
	TURING	CASI	NG AND	СЕМЕЙПІЙС	RECOR						
HOLE SIZE	TUBING, CASING AND HOLE SIZE CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
1000 0.00											
		<del>-</del>									
V. TEST DATA AND REQUES	T FOR ALLOV	VABLE				oumble for this	depth or he for	full 24 how	rs.)		
OIL WELL (Test must be after re	ecovery of total volun	e of load	oil and must	Producing Metho	od (Flow, pr	ump, gas lift, e	ic.)	<u> </u>			
Date First New Oil Run To Tank	Date of Test										
Length of Test	Tubing Pressure			Casing Pressure			Choke Size				
	·			Water - Bbls.			Gas- MCF				
Actual Prod. During Test	Oil - Bbls.			Water - Doia							
GAS WELL	L										
Actual Prod. Test - MCF/D	Length of Test			Bbls. Condensate/MMCF			Gravity of Condensate				
<u>-</u>				Casing Pressure (Shut-in)			Choke Size				
Testing Method (pitot, back pr.)	Tubing Pressure (St	iui-in)		Casing Fiessure	(~1144 14)						
VI. OPERATOR CERTIFIC	ATE OF COM	IPLIAN	NCE	<u> </u>		ICEDV		ווופור	M		
I hereby certify that the rules and regula	ations of the Oil Cons	ervation			LUUN	12にH V	ATION D	10101	/1 N		
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.				Date Approved							
Armin Reed											
Signature TRAVIS REED PRODUCTION SUPERINTENDENT				By ORIGINAL SIGNED BY MIKE WILLIAMS							
Printed Name Title  915 / 683 - 6293				Title SUPERVISOR, DISTRICT IF							

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Date

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.

Telephone No.

- 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.