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

State of New Mexico
Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

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

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

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

AUG 04 '89

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I. OPERATOR		Well API No.
Operator <u>Eastland State</u>		<u>30-005-62686</u>
Address <u>P.O. Box 1393, Roswell, N.M. 88201</u>		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion <input 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 <u>Eastland State</u>	Well No. <u>4</u>	Pool Name, Including Formation <u>Foor Ranch pre-Permian</u>	Kind of Lease State, Federal or Fee <u>State</u>	Lease No. <u>L6773</u>
Location Unit Letter <u>D</u> : <u>660</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>West</u> Line Section <u>13</u> Township <u>9 South</u> Range <u>26 East</u> , NMPM, <u>Chaves</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
<u>Transwestern Pipeline</u>	<u>Box 2521, Houston, Texas 77252</u>	
If well produces oil or liquids, give location of tanks.	Unit <u>D</u> Sec. <u>13</u> Twp. <u>9S</u> Rge. <u>26E</u>	Is gas actually connected? <u>No</u> When? <u>18-15-89</u>

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
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Date Spudded <u>4-14-89</u>	Date Compl. Ready to Prod. <u>7-22-89</u>	Total Depth <u>5399</u>		P.B.T.D. <u>5359</u>				
Elevations (DF, RKB, RT, GR, etc.) <u>3808 Gr</u>	Name of Producing Formation <u>& Wolfcamp</u>	Top Oil/Gas Pay <u>4854 & 5280</u>		Tubing Depth <u>5244</u>				
Perforations <u>4854-73</u>	Perforations <u>5280-90</u>		Depth Casing Shoe					
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>12</u>	<u>8 5/8</u>		<u>1190'</u>		<u>650 sx Hal Lite,</u>			
					<u>200 sx Prem Plus</u>			
<u>7 7/8</u>	<u>5 1/2</u>		<u>5399'</u>		<u>380 sx 50/50 Poz</u>			
	<u>2 3/8</u>		<u>5244'</u>		<u>Prem.Plus.</u>			

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	Date of Test <u>7-22-89</u>	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 <u>343-1700</u>	Length of Test <u>24hrs.</u>	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) <u>4 pt.</u>	Tubing Pressure (Shut-in) <u>1150</u>	Casing Pressure (Shut-in) <u>840</u>	Choke Size <u>Vari</u>

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.

Signature Penta Pool
Printed Name Penta Pool Vice President
Date July 30, 1989 Telephone No. 623-8202

OIL CONSERVATION DIVISION

Date Approved JAN 18 1991
By ORIGINAL SIGNED BY
MIKE WILLIAMS
Title SUPERVISOR DISTRICT 19

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

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- Separate Form C-104 must be filed for each pool in multiply completed wells.