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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

I. Operator The Eastland Drilling Company	
Address 730 Petroleum Life Building, Midland, Texas 79701	
Reason(s) for filing (Check proper box)	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 Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Hodgee Fed.	Well No. 4	Pool Name, Including Formation Cato (San Andres)	Kind of Lease State, Federal or Fee Federal	Lease No. M-022636
Location				
Unit Letter H	1,900	Feet From The North	Line and 660	Feet From The East
Line of Section 27	Township 8-South	Range 30-East	NMPM, Chaves	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"/> Mobil Pipe Line Company	Address (Give address to which approved copy of this form is to be sent) Box 1073, Wall Bldg., Midland, Texas 79701	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Cities Service Oil Co.	Address (Give address to which approved copy of this form is to be sent) Box 69, Hobbs, New Mexico 88240	
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 27
	Twp. 8 S	Rge. 30 E
	Is gas actually connected?	When
	No	

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 checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 2-6-1969	Date Compl. Ready to Prod. 3-4-1969		Total Depth 3,566'		P.B.T.D. 3,555'			
Elevations (DF, RKB, RT, GR, etc.) 4,163' Gr.; 4,174' RT	Name of Producing Formation San Andres		Top Oil/Gas Pay 3,514'		Tubing Depth 3,545'			
Perforations One 0.42" jet shot each @ 3,514; 3,518; 3,524; 3,629; 3,532; 3,536; 3,539 and 3,541.					Depth Casing Shoe 3,566'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
11"	8-5/8" 24#		390		200 reg.-2 1/2 GalCl₂			
7-7/8"	4-1/2" 9.5#		3566		250 Incon-Pomix			
	2" EUE		3545					

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 2-22-1969	Date of Test 3-5-1969	Producing Method (Flow, pump, gas lift, etc.) Pump (2" x 1 1/4" x 16' Insert)	
Length of Test 24 hours	Tubing Pressure -	Casing Pressure 100#	Choke Size 11-34" BPM
Actual Prod. During Test	Oil - Bbls. 81.1	Water - Bbls. 8.0	Gas - MCF 35.3

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, 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 Commission 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
(Signature)
Superintendent
(Title)
March 6, 1969
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY John P. [Signature]
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 deviation 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 multiply completed wells.