NO. OF COPIES REC	EIVED	i	
DISTRIBUT	ON		
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
ORERATOR		1	

NEW MEXICO OIL CONSERVATION COMMISSION

-110

	SANTA FE	REQUES	T FOR ALLOWABLE	O14	Supersedes Old C-104 and C-			
	AND				Effective 1-1-65			
	LAND OFFICE	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS						
	TRANSPORTER OIL							
	GAS							
_	PRORATION OFFICE	_						
1.	Operator							
	The Eastland Drilling Company Address							
	704 Petroleum Lis	e Building, Midland, Te	xas 79701					
	Reason(s) for filing (Check proper box	x)	Other (Please exp	ain)				
	Recompletion	Change in Transporter of:	· [
	Change in Ownership		ensate					
	If change of ownership give name and address of previous owner							
II.	DESCRIPTION OF WELL AND LEASE							
	Lease Name	Well No. Pool Name, Including	Stat	l of Lease e, Federal or Fee	Lease No.			
	Location	5 Cato (San And	izes)	e, rederdi di ree	Federal 194-02263			
	Unit Letter;198	Feet From The Korth L	ine and 1980 Fe	et From The	Lost			
	Line of Section 27 To	wnship & South Range	30 East , NMPM,	Chave	County			
m.	DESIGNATION OF TRANSPOR Name of Authorized Transporter of Oil	TER OF OIL AND NATURAL G	AS Address (Give address to whi	ch approved copy o	f this form is to be sent)			
	Mobil Pipe Line C	Cupany	Box 1073 Uall Bld Address (Give address to whi		•			
	Name of Authorized Transporter of Ca	_			this form is to be sent)			
	Cities Service Oi If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected?	Mexico When	B8240			
	give location of tanks.	A 27 88 30R	Yes	April	1969			
	If this production is commingled wi COMPLETION DATA	th that from any other lease or pool,						
	Designate Type of Completic	$\operatorname{On} - (X)$ Oil Well Gas Well	New Well Workover De	epen Plug Ba	ck Same Res'v. Diff. Res'v.			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D				
	October 15, 1969	Hevenber 12, 1969	35621	7.5.1.0				
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing I	3537 Popth			
	4171' GL: 4182 RT	Sen Andres	3503'		528			
	Perforations One 1.042" jet shet each @ 3503; 3508; 3520; 3522; 3526; Depth Casing Shoon 3527; 3528; and 3531.				•			
	UOL E CIZE	Y	D CEMENTING RECORD	· · · · · · · · · · · · · · · · · · ·				
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT			
	7-7/8"	8-5/8", 32# J-55 4-1/2", 9-5#, J-55	385¹ 3562¹	200 R				
	· · · · · · · · · · · · · · · · · · ·	2" EUE	35281	230 1	cor Pessia			
Į								
	TEST DATA AND REQUEST FOR ALLOWABLE (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)							
Ī	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pum	, gas lift, etc.)				
Ĺ	November 13, 1969	Hovember 21, 1969	Flow					
	Length of Test	Tubing Pressure	Casing Pressure	Choke Si	E ⊕			
ŀ	Actual Prod. During Test	Oil-Bbls.	5004 Water - Bbls.	Gas - MC	21/64"			
İ	Adda From Dailing 1001	74.0		Gustino				
'.	76.0 18.0 60.3							
_	GAS WELL							
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity o	f Condensate			
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Si	l•			
VI.	CERTIFICATE OF COMPLIANO	CE	OIL CONS	ERVATION CO				
				N. 1	1969			
	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.		APPROVED	1 /12	1909 . 19			
ì			BY	Min	<i>T</i>			
			TITLE	SCA DISTRIC				
	(2/2//		//		mish man = coo			
	Les Somme	Bau I Massa	This form is to be fill If this is a request for	=				
-	(Signature)		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.					
_	Office Honoger		tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allow-					
	November 29 1000		able on new and recomple	ted wells.				
-	November 28, 19		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.					
	(200		Separate Forms C-10		for each pool in multiply			
			completed wells.					