

DISTRIBUTION			
SANTA FE			
FILE			
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

Operator
Enserch Exploration, Inc.

Address
P. O. Box 4815, Midland, Texas 79704

Reason(s) for filing (Check proper box) Other (Please explain)

New Well Change in Transporter of: Oil Dry Gas

Recompletion Casinghead Gas Condensate

Change in Ownership

OVERHEAD GAS TUBING
PLACED ON 2/3/81
BY ENSERCH EXPLORATION

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

I. DESCRIPTION OF WELL AND LEASE *Peterson - Mississippian R-6724 8-1-81*

Lease Name Collier "A"	Well No. 1	Pool Name, Including Formation Undesignated (Mississippian)	Kind of Lease State, Federal or Fee	Lease No. Fee
Location				
Unit Letter L	1980	Feet From The South Line and 660	Feet From The West	
Line of Section 28	Township 4S	Range 33E	NMPM, Roosevelt	County

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Phillips Petroleum Co. - Trucks	4001 Penbrook, Odessa, Texas 79763
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)
Transwestern Pipeline Company	Suite 614, First Nat'l Bank Bldg., Odessa, TX 79761
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	L 28 4S 33E No

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

VI. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 3/15/81	Date Compl. Ready to Prod. 5/3/81	Total Depth 8500'	P.B.T.D. 7995'					
Elevations (DF, RKB, RT, GR, etc.) 4337.4' GR	Name of Producing Formation Mississippian	Top Oil/Gas Pay 7972'	Tubing Depth 7828'					
Perforations 7986'-8001'	Depth Casing Shoe 8479'							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	13-3/8"	372'	460 sx. Circulated
12-1/4"	9-5/8"	1975'	990 sx. Circulated
8-3/4"	5-1/2"	8479'	700 sx.
	2-3/8"	7828'	

VII. 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 5/3/81	Date of Test 5/5/81	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 Hours	Tubing Pressure 200#	Casing Pressure Packer	Choke Size 16/64"
Actual Prod. During Test	Oil - Bbls. 101	Water - Bbls. 7	Gas - MCF 120

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

I. 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.

H.F. Burnett - **H.F. Burnett**
(Signature)
Production Superintendent
(Title)
May 14, 1981
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY *[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.