

**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

DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			

I. Operator
Enserch Exploration, Inc.

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

Reason(s) for filing (Check proper box)

New Well <input checked="" type="checkbox"/>	Change In Transporter of:	Other (Please explain)
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Casinghead Gas MUST NOT BE FLAMED OFFER 11/1/81 UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.
Change In Ownership <input type="checkbox"/>	Dry Gas <input type="checkbox"/>	
	Casinghead Gas <input type="checkbox"/>	
	Condensate <input type="checkbox"/>	

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

THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR NOTIFY THIS OFFICE.

II. DESCRIPTION OF WELL AND LEASE

Lease Name LaGrone	Well No. 1	Pool Name, Including Formation Peterson Mississippian	Kind of Lease State, Federal or Fee	Fee	Lease No.
Location					
Unit Letter	H	1980	Feet From The	North	Line and
					510
			Feet From The		East
Line of Section	29	Township	4S	Range	33E
					, NMPM, Roosevelt
					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"/>	Address (Give address to which approved copy of this form is to be sent)
Phillips Petroleum Company - Trucks	4001 Penbrook, Odessa, Texas 79762
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
	H 29 4S 33E 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	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.				
7/20/81	9/13/81	8194'		8155'				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth				
4359.2' GR	Mississippian	8008'		8073'				
Perforations				Depth Casing Shoe				
8010'-58', 24 holes				8193'				
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"	13-3/8"		366'		460 sx. - Circulated			
12-1/4"	9-5/8"		1953'		1050 sx. - Circulated			
8-3/4"	5-1/2"		8193'		550 sx.			
	2-3/8"		8073'					

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)

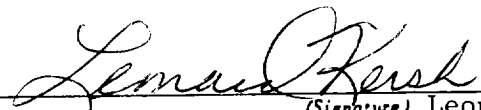
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
9/1/81	9/16/81	Pump	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 Hours		35#	
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
	47	8	160

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.


(Signature) Leonard Kersh
District Production Manager
(Title)
September 24, 1981
(Date)

OIL CONSERVATION COMMISSION
SEP 28 1981

APPROVED _____, 19____
BY Jerry Sexton
TITLE Dist 1, Supv.

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.