NE	RGY AND MINERALS DEPARTMENT		TION DIVISION	441544 IV-1-/0	
1				RECEIVED BY	
	DISTRIBUTION	SANTA FE, NEW	· · · · · · · · · · · · · · · · · · ·		
	FILE 22	54414 - 2, 1121		OCT 24 1984	
	U.S.U.S.				
	LAND OFFICE	REQUEST FOR		O. C. D.	
	TRANSPORTER DAD			ARTESIA, OFFICE	
	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS AKTESTA, OFFICE				
1.	Operator				
	ENSOURCE INC.				
	Address 3300 North "A", Bldg.2- Suite 113, Midland, Texas 79705				
	5500 NOICH A, Blug. 2 Build He, Henry Charles				
	Reason(s) for filing (Check proper box) New Well	Change in Transporter of:			
	Recompletion	Oil Dry Gas	• •		
	Change in Ownership X	Casinghead Gas 🚺 Conden	as at e		
			1616 Glasser Dl. Sto 210	0 Deriver CO = 80202	
	If change of ownership give name and address of previous owner	Visa Energy Corporation,	1616 Gienarm PI, Ste 210	0, benver, co. 80202	
11.	DESCRIPTION OF WELL AND L	EASE Well No. Pool Name, Including Fe	ormation Kind of Leas	Lease No.	
	Lease Name Federal 26	1 Shugart-Y-SR-		al XKR	
	Location				
	- 330	Feet From The South Line	e and <u>1980</u> Feet From	The East	
	Unit Letter 0 ;;				
	Line of Section 26 T	nship 18S Range	31E , NMPM, Ed	ldy County	
			.		
П.	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil Or Condensate Address (Give address to which approved copy of this form is to be sent)				
			P. O. Box 159, Artesia, NM 88210		
	Navajo Crude Oil Pohas: Name of Authorized Transporter of Cas	inghead Gas 🔏 or Dry Gas	Address (Give address to which appri	oved copy of this form is to be sent)	
	Caraco Tao		P. O. Drawer 1267, Ponca City, Oklahoma 74603		
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas beruarry connected.	10///74	
	give location of tanks.	0 26 18S 31E	Yes	12/4/76	
	If this production is commingled with	h that from any other lease or pool,	give commingling order number:		
IV.	COMPLETION DATA	Oll Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v	
	Designate Type of Completio			4 I	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
			1	Depth Casing Shoe	
	Perforations				
		THBING CASING AN	D CEMENTING RECORD		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKE CEMENT	
	HOLE SILC				
		1		il and must be equal to or exceed top allo	
Ý	. TEST DATA AND REQUEST FO	DR ALLOWABLE (Test must be a able for this di	epth or be for full 24 nours		
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	lift, etc.)	
				Choke Size	
	Length of Test	Tubing Pressure	Casing Pressure		
			Water-Bbls.	Gas-MCF	
	Actual Prod. During Test	Oil-Bhla.			
				······································	
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
			Casing Pressure (Shut-in)	Choke Size Post als 84	
	Testing Method (pitor, back pr.)	Tubing Pressure (Shnt-in)	Casing Pressure (BBut-12)	Choke Size P057 26 8	
		<u>]</u>		ATION DIVISION Chy T	
¥1	1. CERTIFICATE OF COMPLIANCE		OCT 25	1984	
	I hereby certify that the rules and regulations of the Dil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.			. 19	
			•BYOriginal Signed By		
			TITLE Supervisor District II		
			The to to to filed in compliance with RULE 1104.		
	Dema Kembree		II for a newly drilled or despired		
	(JIRDIWA)		well, this form must be accompanied by the MULE 111.		
	Norma Hembree, District Administrator		All sections of this form must be filled out completely for allo		
	(Title)		able on new and recompleted wells.		
	October 23, 1984		Fill out only Sections 1, 11, 111, and VI for changes of owner well name or number, or transporter, or other such change of condition		
	(Date)		Separate Forma C-104 m	Separate Forma C-104 must be filed for each pool in multi-	
	•		rempleted wells.		