ſ	NO. OF COPIES RECEIVED		ţr	ما میکند. () این کار این کار این میکند این میکند که میکند که دیده میکند کار کار میکند میکند کار این کار میکند میکند کار	
ļ	DISTRIBUTION			RECTIMATENDA BY Supersedes Old C-104 and C-110	
ł	SANTA FE		OR ALLOWABLE	Effective 1-1-65	
ł	U.S.G.S.	AUTHORIZATION TO TRAN	SPORT OIL AND NATURAL	GAS SEP 2 5 1984	
	LAND OFFICE			O.C.D.	
	TRANSPORTER GAS			ARTESIA, OFFICE	
	OPERATOR 4	NOTE: CHANGE OF OI	PERATOR EFFECTIVE	SEPTEMBER 25, 1984	
L.	PRORATION OFFICE				
	Operator Union Texas Petr	oleum Corporation			
	Address				
		4000 N. Big Spring, Suite 500, Midland, Texas 79705			
	Reason(s) for filing (Check proper box)	reason(s) for thing (Lineck proper box)			
	New Well	Oil Dry Gas	Change of Opera	tor Only	
	Change in Ownership	Casinghead Gas Condens	ate		
	Operator If change of States give name	Operator nange of the sive name eddress of new Karding Seven Enstar Petroleum Company, A Division of Enstar Corporation			
	and address of previous XWHAT			r Corporation	
Lease Name Well No. Pool Name, including formation					
				Endorol 1100 pr darmed a	
	Exxon Federal Com 1 White City Penn (Morrow) State, Found of the state Location North 2080 Seet Sup The West				
Unit Letter F 1900 Feet From The NOI Line and 2000 Feet From The Line and 2000 Feet From The Line of Section 17 Township 24S Range 26E , NMPM, Eddy					
				County	
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS					
III.	Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which app	roved copy of this form is to be sent)	
	None		Address to which app	roved copy of this form is to be sent)	
	Name of Authorized Transporter of Cas	1	P O Box $\frac{1284}{1492}$	₩ <u></u>	
	Unit Sec. Twp. Rge. Is gas actually connected? When				
	If well produces oil or liquids, give location of tanks. Yes 4/7/75				
	If this production is commingled wit	h that from any other lease or pool, g	give commingling order number:		
IV.	COMPLETION DATA OII Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res'				
	Designate Type of Completion				
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
		Name of Producing Formation	Top Cil/Gas Pay	Tubing Depth	
	Elevations (DF, RKB, RT, GR, etc.)		·		
	Perforations			Depth Casing Shoe	
	TUBING, CASING, AND CEMENTING RECORD				
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal able for this depth or be for full 24 hours)				oil and must be equal to or exceed top allou	
·	OIL WELL	able for this de	Producing Method (Flow, pump, ga	s lift, etc.)	
	Date First New Oil Run To Tanks				
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
			Water - Bbls.	Gas - MCF	
	Actual Prod. During Test	Oil-Bbls.			
	l				
	GAS WELL		Bbls. Condensate/MMCF	Gravity of Condensate	
	Actual Frod. Test-MCF/D	Length of Test	Bble. Condenade/ Mivici		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
v	. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION		
	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.		APPROVED SEP 24 1984		
			BYORIGINAL SUSSEED BY HEREY SECTON		
			DISTR	NCT I SUPRIMISOR	
	Amor C. Davis (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 deepend of this is a request for allowable for a newly drilled or deepend the deviation of the deviation of the deviation.		
			If this is a request for well, this form must be acco	If this is a request for allowable to a have a first and a second and by a tabulation of the deviation well, this form must be accompanied by a tabulation of the deviation well, this form must be accompanies with RULE 111.	
	OPERATIONS MA		All sections of this form must be filled out completely for allo- able on new and recompleted wells.		
	•	Title)			
	September 17, 1984 (Date)		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	Separate Forms C-104 must be filed for each poor in metry	
				completed wells.	

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