	NO. OF COPIES RECEIVED DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE	REQUEST FO	SERVATION COMMISSION OR ALLOWABLE AND SPORT OIL AND NATURAL GAS	RECEIVED BY Form C-104 DId C-104 and C-110 SEPCE B1 1984 SO. C. D. ARTESIA, OFFICE	
I.	IRANSPORTER     OIL       GAS     2       OPERATOR     1       PRORATION OFFICE     1       Operator     1	NOTE: CHANGE OF OP	ERATOR EFFECTIVE SEN		
	Union Texas Petr	Union Texas Petroleum Corporation			
	Address 4000 N. Big Spri	4000 N. Big Spring, Suite 500, Midland, Texas 79705			
	Reason(s) for filing (Check proper box)	eason(s) for filing (Check proper box) Other (Please explain)			
	New Well	Oil Dry Gas	Change of Operator	r Only	
	Change in Ownership	Casinghead Gas Condensu	te		
	Operator If change of data give name and address of previous weet OPERATOR	Enstar Petroleum Company P. O. Drawer 3546, Midla	r, A Division of Enstar and, Texas 79702	Corporation	
Location 1/00 Couth 1650 East				Lease No.	
				or Fee Federal 065341	
				e East	
	Unit Letter;40		Eddy	County	
	Line of Section 17 Tow	nship 24S <sub>Range</sub> 26E	, NMPM, Eddy	County	
III.	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS         Name of Authorized Transporter of OIL       or Condensate         None       Address (Give address to which approved copy of this form is to be sent)         Name of Authorized Transporter of Casinghead Gas       or Dity Gas         Name of Authorized Transporter of Casinghead Gas       or Dity Gas				
	Name ci Authorized Transporter of Cas El Paso Natural Gas Con	npany	P. O. Box <del>1384</del> , <del>Jal, NM</del>	88252 21 Haso, 18 7 - 14	
	Unit Sec. Twp. Rge. is jas actually connected? when				
	give location of tarks.				
IV	If this production is commingled with that from any other lease or pool, give commingling order number: <u>COMPLETION DATA</u> Out well Gas Well New Well Workover Deepen Plug Back Same Resty, Diff. Resty,				
	Designate Type of Completio	OII WELL GIGE HOLE	New Well Workover Dooptin		
	Date Spudded		Total Depth	P.B.T.D.	
	Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Tep Oil/Gas Pay	Tubing Depth	
	Perforations			Depth Casing Shoe	
TUBING, CASING, AND CEMENTING RECORD					
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
				· · · · · · · · · · · · · · · · · · ·	
			the recovery of total volume of load oil t	and must be equal to or exceed top allow	
V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must able for this depth or be for full 24 hours) OIL WELL Producing Method (Flow, pump, gas lift, etc.)				fr. etc.)	
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas)	.,	
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
			Water - Bbls.	Gas - MCF	
	Actual Prod. During Test	Oil-Bbis.			
	GAS WELL	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
			Casing Pressure (Shut-in)	Choke Size	
	Testing Method (pitos, back pr.)	Tubing Pressure (Shut-in)			
۷	I. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION SEP 2 4 1984		
	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		
	- -	2			
	Zmor E. Davis		This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepene 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 allo- able 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 multip completed wells.		
	(Signature) OPERATIONS MANAGER (Title) September 17, 1984 (Date)				

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