

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

MAY 12 1982

O. C. D.

Operator Enserch Exploration, Inc.		ARTESIA, OFFICE	
Address P. O. Box 4815, Midland, Texas 79704			
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	Casinghead Gas MUST NOT BE FLAMED WHEN UNDER AN EXCEPTION TO IS OBTAINED	
If change of ownership give name and address of previous owner			

II. DESCRIPTION OF WELL AND LEASE

Lease Name O'Brien "A"	Well No. 1	Pool Name, Including Formation Und. Bull's Eye - San Andres	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter <u>N</u> ; <u>990</u> Feet From The <u>South</u> Line and <u>2310</u> Feet From The <u>West</u> Line of Section <u>30</u> Township <u>7S</u> Range <u>29E</u> , NMPM, <u>Chaves</u> 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"/> Phillips Petroleum Company - Trucks	Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook, Odessa, Texas 79763					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> None	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 30	Twp. 7S	Rge. 29E	Is gas actually connected? No	When.

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	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res't.	Diff. Res't.
Date Spudded 3/17/82	Date Compl. Ready to Prod. 4/9/82		Total Depth 2735'		P.B.T.D. 2692'			
Elevations (DF, RKB, RT, GR, etc.) 3995.6' GR	Name of Producing Formation San Andres		Top Oil/Gas Pay 2532'		Tubing Depth 2318'			
Perforations 2532 - 46					Depth Casing Shoe 2692			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	9-5/8"		350'		225 sx. Circulated			
7-7/8"	4-1/2"		2735'		735 sx. Circulated			
	2-3/8"		2318'					

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 4/9/82	Date of Test 4/29/82	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 Hours	Tubing Pressure ---	Casing Pressure 25#	Choke Size ---
Actual Prod. During Test	Oil - Bbls. 8	Water - Bbls. 25	Gas - MCF 9

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.

Sammy D. Reed
(Signature) Sammy D. Reed
Sr. Production Supervisor
(Title)
May 5, 1982
(Date)

OIL CONSERVATION COMMISSION

APPROVED MAY 27 1982
BY W. A. Gressett
TITLE SUPERVISOR, DISTRICT II

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.