1.	DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE I RANSPORTER GAS OPERATOR PRORATION OFFICE	REQUEST F	FOR ALLOWABLE AND NSPORT OIL AND NATURAL GA	Form C-104 Supersedes Old C-104 and C-110 Elfoctive 1-1-65 S	
	EP Operating Co pany				
	P.O. Box 4815. Midland, TX 79704				
	Reason(s) for filing (Check properties) New Well Recompletion Change in Ownership	Change in Trans, ster of: Dil [] Dry Gas Cissingheat Conten	s [] sale []		
	change of ownership give note Enserch Englocation, Inc., P.O. Box 4815, Midland, TX 79704				
n.			n) Stree, Federal o e andFeet From Th	ovolt	
		ship 8-S Range		evert County	
а <b>ц.</b>	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS   Nonre of Authorized Transporter of Oil A or Condensate   Mobil Pipeline Company   Nonre of Authorized Transporter of Casinghead Gas   or Dry Gas   Address (Give address to which approved copy of this form   P.O. Box 900, Dallas, TX 75221   Name of Authorized Transporter of Casinghead Gas   or Dry Gas   Address (Give address to which approved copy of this form   Cities Service Company   If well produces cil or liquide,   Unit Sec.   Twp. Pge.   Is gas actually connected?   When   11/17/70		X 75221 d copy of this form is to be sent) Milnesand, NM 88125		
	give location of tarks.	G 27 88 36E	give commingling order number:		
IV.	COMPLETION DATA Designate Type of Completion	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.	
	Designate Type of Completion	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	
	Perforations			Depth Casing Shoe	
		TUBING, CASING, AND CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SAURS CEMENT	
			· · · · · · · · · · · · · · · · · · ·		
v.	TEST DATA AND REQUEST FO	RALLOWABLE (Test must be a	after recovery of total volume of load oil a epth or be for full 24 houre)	nd must be equal to or exceed top allow-	
	OIL WELL Date First New Cil Bun To Tanks	Date of Test	Producing Method (Flow, pump, gas lift	, etc.j	
	' shigth of Teel	Tubing Presaute	Casing Freesure	Choke Size	
	Actual Prod. During Test	011-951 <b>6.</b>	Water - Bols.	Gas-MCF	
	The Product Arthory D	Length of Teet	Bals. Çordenerite/MixOF	Gravity of Condeneate	
	Traing Nethod (publ, back pr.)	Tubing Pressure (ELut-in)	Casing Pressure (Shot-in)	Cr.uke Size	
VI	LE CAFICATE OF COMPLIANC	<u> </u> CE		TION COMMISSION	
	I density certify that the rules and regulations of the Oil Construction $C_{\rm eff}$ density been complied with and that the information given $C_{\rm eff}$ is true and complete to the best of my knowledge and belief.		APPROVED		
	District ProductionManager, NewEnserchExploration		TITLE This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or despended well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111. HIC All sections of this form must be filled out completely for allow- 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 multiply completed wells.		
	Managing General Part(Tet) (Doce)				



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