NO OF COPIES HELD		1	
DISTRIBUTIO			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
I HANSFORTER	GAS		
OPERATOR			

	SANTA FE		NEW MEXICO OIL CONSERVATION CO					Form C-104 Supersedes Old C-104 and C-						
	FILE	REQUEST FOR ALLOWABLE AND						Effective 1-1-	ed C-104 and C-110 -65					
	U.S.G.S.		1		AUTHORIZATION TO TRAI						2 A S			
	LAND OFFICE													
	TRANSPORTER	OIL												
		GAS												
	OPERATOR													
1.	PRORATION OF	FICE												
	i '	Enserch Exploration, Inc.												
	Address													
	P. O. Box	4815,	Mid	land	l, Texas	79701								
	Reason(s) for filing	(Check	proper	box)					Other (Please					
											_	mpany nar		
	Recompletion			Oil Casinghe	ad Cas	Dry Ga Conden		changed 1	to Enser	ch Exp	loration	, Inc.		
	Change in Ownershi		Castildue	00 003	isate []									
	If change of owner			ie T.c	ne Star	Produc	ing Comp	anv. P.	O. Box 4	4815. Mid	lland.	Texas 7	97.01	
	and address of pre	ddress of previous owner Lone Star Producing Company, P. O. Box 4815, Midland, Texas 79701												
11.	DESCRIPTION O	OF WE	LL A	ND L	EASE									
	Lease Name Well No. Pool Name, Including Form						ormation	∤				Lease No.		
	N. M. (55)	Fede	ral		2	2 Vada Pennsylv			vanian State, Federal or			Fee Federal 0328425		
	Location	n		E 1 O		it			1000			T		
	Unit Letter	В	_;	210	Feet Fro	om The N	orth Lin	e and	1980	_ Feet From '	The	East		
	Line of Section	27		Town	ship 8-	-S	Range	36-E	, NMPM,	Roo	seve1	t	County	
									·			``		
Ш.	DESIGNATION C										<u>-</u>		· 	
	Name of Authorized				_A 01 C	Condensate	لــا		Give address t			•	to be sent)	
	Mobil Pipe	Trans	Comp	Castr	abead Gas F	X or Dry	/ Gas []					Texas 75221 ed copy of this form is to be sent)		
	Cities Service Oil Com						Bluitt Gasoline Plant, Mil				· •			
	If well produces oil				Unit Sec	Twp.	. P.ge.		tually connecte			704114,		
	give location of tan			i	G 2	7 8s	36E		Yes	!	11-	-17-70		
	If this production i	is comm	ningled	with	that from an	ny other le	ase or pool,	give com	n.ngling order	number:	SW-	-568		
IV.	•	COMPLETION DATA												
	Designate Ty	ype of (Compl	etion	-(X)	JII well	Gas Well	New Well	Workover	Deepen	Plug B	dck same Ne	es.v. Dill. Res.v.	
	Date Spudded	·			Date Compl. 1	Ready to Pr	od.	Total De	oth		P.B.T.	.D.		
	Elevations (DF, RK	KB, RT	GR, etc	2.7	Name of Prod	ucing Form	ation	Top Oil/	Gas Pay		Tubing	Depth		
								<u> </u>			Dooth	Casing Shoe		
	Perforations										Depin	Cusing bride	1	
			TUBING, CASING, AND			CEMENTING RECORD								
	HOLE	E SIZE			CASING	& TUBIN	NG SIZE		DEPTH SE	т		SACKS CE	MENT	
							· · · · · · · · · · · · · · · · · · ·	! !			<u> </u>			
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				<u></u>				-			 			
•	TEST DATA AN	ID DEC	VIII C	r FO	D ATTOWA	DIE (T	Tana musa ba s	(1 an ann an an an	w of estal walve	ne of load oil		he equal to or	s avered top allow-	
٧.	OIL WELL	ID KE	(UE31	FU	K ALLUMA	ABLE (1	ble for this de	pth or be fo	or full 24 hours)	ana mase	De equatio or	exceed top attow-	
	Date First New Oil	Run To	Tanks		Date of Test			Producin	Method (Flow	, pump, gas li	ft, etc.)			
								Casing P			Choks	Sina	-	
	Length of Test				Tubing Press	шө		Cdaing P	1988010		Chicks	3124	İ	
	Actual Prod. During	g Test			Oil-Bbls.			Water - Bi	ola.		Gas-N	ACF		
	'													
	GAS WELL							Tau a	1		T 6			
	Actual Prod. Test-			Length of Test			Bbls. Condensate/MMCF		Gravit	Gravity of Condensate				
	Testing Method (pi	itot hac	k pr. J		Tubing Press	we / Shat-	in l	Casing P	ressure (Shut-	-in)	Choke	Size		
	Testing Monace pr					(0202	,		•	•				
3 /1	CERTIFICATE OF COMPLIANCE						1	OIL C	ONSERVA	ATION	COMMISSIO	ON		
V 1.	CERTIFICATE	CERTIFICATE OF COMPLIANCE												
	I hereby certify that the rules and regulations of the Oil Conservation					APPROVED, 19								
	Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.						BY	BY Lexy depths						
								TITLE						
	16 6 511								nis form is to					
	fle h	(Signature) Jack L. Sledge						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						
District Production Superintenden						tests taken on the well in accordance wit					with RULE 1	11.		
	(Title)							All sections of this form must be filled out completely for allowable on new and recompleted wells.						
	November 1	November 11, 1975						Bit out only Sections I II III and VI for changes of owner,						
				(Det	•)	- 		well name or number, or transporter, or other such change of condition.						
							Separate Forms C-104 must be filed for each pool in multiply							