IL OF LUFIES AL.			
DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
IRANSPORTER	OIL		
	GAS		
OPERATOR		Ţ	

EW MEXICO OIL CONSERVATION COMMISSIC

Form C-104

	FILE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-11 Effective 1-1-65	
	U.S.G.S.	AUTHORIZATION TO TRA			
	LAND OFFICE	AOTHORIZATION TO TRA	ANSPORT DIE AND NATURAL (JAS	
	TRANSPORTER OIL				
	GAS				
	OPERATOR				
1.	PRORATION OFFICE Operator	L			
	ENSERCH EXPLORATION,	TNC.			
	Address	110.			
	P.O. Box 4815, Midla	nd, Texas 79701			
	Reason(s) for filing (Check proper box,		Other (Please explain)		
	New Well	Change in Transporter of:			
	Recompletion	Ofl Dry Go	├ i		
	Change in Ownership	Casinghead Gas X Conder	nsate []		
	If change of ownership give name				
	and address of previous owner				
II.	DESCRIPTION OF WELL AND	LEASF.			
	Lease Name	Well No. Pool Name, Including F		Lease No.	
	N.M. (55) Federal	1 Vada (Penn)	State, Federa	rl cr Fee Federal 0328425	
	Location	O N 6 b	1000		
	Unit Letter F ; 190	O Feet From The North Lin	ne and 1930 Feet From	The West	
	Line of Section 27 Tov	waship 8-S Range	36-E , NMFM, Roosev	elt County	
				county	
п.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA			
	Name of Authorized Transporter of Cil		Address (Give address to which appro	,	
	Mobil Pipeline Compa		P.O. Box 900 Dallas, Address (Give address to which appro	Texas 75221	
	Cities Service Compa	Unit Sec. Twp. Age.	Is gas actually connected? Wh	, Milnesand, N.M. 88125	
	If well produces oil or liquids, give location of tanks.	G 27 8-S 36-E	Yes 1	1-17-70	
	If this production is commingled wit	th that from any other lease or pool,	give commingling order number:	SW-568	
١ v .	COMPLETION DATA				
	Designate Type of Completic		New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Fermation	Top Oil/Ges Pay	Tubing Depth	
		<u> </u>	1	Depth Casing Shoe	
	Perforations			Depth Casing Snoe	
TUBING, CASING, AND CEMENTING RECORD					
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
			<u> </u>	-	
		OD ALLOWARY F. (T.)			
V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to able for this depth or be for full 24 hours)				and must be equal to or exceed top allow-	
Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)			ft, etc.)		
		The base of the same of the sa	Contra Personal	Choke Size	
	Length of Test	Tubing Pressure	Casing Pressure	Chore Size	
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF	
	•				
	<u> </u>				
	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	
	realing Method (phoof occurping		,		
71	CERTIFICATE OF COMPLIANCE		OIL CONSERVA	ATION 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 FEB 1970 . 19			
		BY			
		TITLE			
(land made)			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		
Jerry Nash					
	District Production Manager		tests taken on the well in acco	rdance with MULE 111.	
District Production Manager			II Att sections of this form my	ist be filled out completely for allow-	

(Title)

(Date)

2-1-78

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.