	DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE TRANSPORTER		CONSERVATION COMMISS FOR ALLOWABLE AND ANSPORT OIL AND NATUR	Form C-104 Supersedes Old C-104 and C-1. Effective 1-1-65 RAL GAS	
1.	GAS OPERATOR PROALING OFFICE Cperator				
	Enserch Exploration, Inc. Address P. O. Box 4815, Midland, Texas 79701				
	Reason(s) for friing (Check proper box) New Well Recompletion Change in CwnershipX	Change in Transporter of: Oil Dry Go Casinghead Gas Conder	" Changed to Fi	n) oducing Company name was nserch Exploration, Inc.	
	If change of ownership give name and address of previous owner	Lone Star Producing Comp	any, P. O. Box 4815	, Midland, Texas 79701	
11.	DESCRIPTION OF WELL AND D Lease Name N. M. (54) Federal	Veil No. Pool Nume, Including F 1 Vada Pennsylv	anian State,	f Lease Lease No. Federal or Fee Federal 0272961	
		30 Feet From The East Lin mship 8-S Range 36		From The South	
Ш.	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil And condensate Address (Give address to which approved copy of this form is to be sent)				
	Mobil Pipeline Company Name of Authorized Transporter of Casinghead Gas K or Dry Gas C Cities Service Oil Company		P. O. Box 900, Dallas, Texas 75221 Address (Give address to which approved copy of this form is to be sent) Bluitt Gasoline Plant, Milnesand, N.M. 88125		
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Ege. G 27 8S 36E	Is gas actually connected? Yes	When 11-17-70	
IV.	If this production is commingled wit COMPLETION DATA	production is commingled with that from any other lease or pool, give commingling order number: PLETION DATA Oi! Well Gas Well New Well Workover Deepen Plug Back Same Resty, Diff. Res			
	Designate Type of Completio Date Spudded		New Well Workover Deer	P.B.T.D.	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Cil/Gas Pay	Tubing Depth	
	Perforations	L	•	Depth Casing Shoe	
	TUBING, CASING, AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT				
v.	TEST DATA AND REQUEST FO	DR ALLOWABLE (Test must be a] fter recovery of total volume of lo	ad oil and must be equal to or exceed top allow	
	OIL WELL able for this depth or be for full 24 hours) Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)				
	Length of Test	Tubing Preasure	Casing Pressure	Choke Size	
	Actual Prod. During Test	Oil-Bbls.	Water - Bbis.	Gae-MCF	
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
	Testing Method (pitat, back pr.)	Tubing Pressure (Shnt-in)	Casing Pressure (Shut-in)	Choke Size	
1 /1					
	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.		APPROVED, 19 BY		
	(Signature) Jack L. Sledge		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.		
l	(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,		
	November 11, 1975 (Da	(e)	well name or number, or tra	B I, II, III, and VI for changes of owner ansporter, or other such change of condition 4 must be filed for each pool in multiply	