NO. OF COPIES REC	LIVED		
DISTRIBUTION			
SANTA FE			<u> </u>
FILE			
U.S.G.S.		<u> </u>	
LAND OFFICE		<u></u>	<u> </u>
TRANSPORTER	OIL		<u> </u>
	GAS		
OPERATOR			↓
SECTION OFFICE		1	1

## NEW MEXICO OIL CONSERVATION COMMISSION

	DISTRIBUTION	NEW MEXICO OIL CON	SERVATION COMMISSION	Form C-104 Supersedes Old C-104 and C-110		
	SANTA FE		OR ALLOWABLE	Effective 1-1-65		
	FILE		AND	AS		
ſ	U.S.G.S.	AUTHORIZATION TO TRANS	SPORT OIL AND NATURAL G	AS		
[	LAND OFFICE					
	TRANSPORTER GAS					
Ì	OPERATOR NOTE: CHANGE OF OPERATOR EFFECTIVE SEPTEMBER 25, 19					
1.	PRORATION OFFICE	N OFFICE				
Operator Union Texas Petroleum Corporation						
	Reason(s) for filing (Check proper box	)	Other (Please explain)			
	Change in Transporter of:					
Recompletion Oil Dry Gas Change of Operator Only						
	Change in Ownership	Casinghead Gas Condenso	ite			
'	Operator.	- <u>-</u>	S. Baahan	Comporation		
If change of ***** Enstar Petroleum Company, A Division of Enstar Corporation and address of previous ***** Enstar Petroleum Company, A Division of Enstar Corporation						
	OPERATOR	P. O. Drawer 3546, Midla	and, Texas /9/02			
11.	DESCRIPTION OF WELL AND	Well No. Pool Name, Including For	mation Kind of Leas	•		
	Lease Name Brownfield "A"	1 Gladiola Devoni		i cr Fee Fee		
	Location					
		Feet From The North Line	and 1980 Feet From	The <u>East</u>		
	Unit Letter B					
	Line of Section 24 Township 12S Range 37E , NMPM, Lea Coun					
III.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GAS	Address (Give address to which appro	oved copy of this form is to be sent)		
	Name of Authorized Transporter of Or	1 A or Condensate	2200 Continental Nat.	Bank. Ft. Worth, TX		
	Amoco Pipeline	singhead Gas (X) or Dry Gas	Address (Give address to which appro	oved copy of this form is to be sent)		
	Name of Authorized Transporter of Co	is indused. Odo X	P. O. Box 1589, Tulsa,	OK 74102		
	Warren Petroleum Co.	Unit Sec. Twp. Ege.	Is gas actually connected? Wi	nen		
	If well produces oil or liquids, give location of tanks.	B 24 12S 37E		Prior to July 1958		
	If this production is commingled with that from any other lease or pool, give commingling order number:					
ıv	COMPLETION DATA Oil Well Gas Well New Well Workover Deepen Plug Back Same Resty, Diff. Resty					
	Designate Type of Complet	OII Well				
		Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	Date Spudded	Sale Gamps				
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Gil/Gas Pay	Tubing Depth		
				Depth Casing Shoe		
	Perforations					
		TURING CASING AND	CEMENTING RECORD			
		CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
	HOLE SIZE	CRSING C 150				
			<u> </u>	the desired to a second to a color		
•	. TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be a	fter recovery of total volume of load o	il and must be equal to or exceed top allo		
OIT WELL.						
	Date First New Oil Run To Tanks	Date of Test				
		Tubing Pressure	Casing Pressure	Choke Size		
	Length of Test			Gas-MCF		
	Actual Prod. During Test	Otl-Bbls.	Water-Bbls.	GG2 - (NO.		
	GAS WELL	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
	Actual Prod. Test-MCF/D	Length of las.				
	- to the back product	Tubing Pressure (Shut-is)	Casing Pressure (Shut-in)	Choke Size		
	Testing Method (pitot, back pr.)					
	VI. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION			
1			SED 2 5 1004 19			
I hereby certify that the rules and regulations of the Oil Conservation		APPROVED SEP 25 1984				
I hereby certify that the rules and regulations of the information given Commission have been compiled with and that the information given commission have been compiled by the best of my knowledge and belief.				SHOULD BY DEALY WOLLOW		
	Commission have been complied with and that the historia above is true and complete to the best of my knowledge and belief.  Signature)		BY ORIGINAL MEMOLINE SELECT MOTION  GISTRICT I SUPERMISOR			
			TITLE			
			This form is to be filed in compliance with RULE 1104.  If this is a request for allowable for a newly drilled or deepen well, this form must be accompanied by a tabulation of the deviation of			
			well, this form must be accompanied with mile 111.			
OPERATIONS MANAGER		tests taken on the well in accordance with Add and the sections of this form must be filled out completely for all the next and recompleted wells.				

(Title)

(Date)

September 17, 1984

All sections of this form must be filled out completely for allo 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 conditions with the change of conditions are considered to the change of conditions and the change of conditions are considered to the change of conditions are

Separate Forms C-104 must be filed for each pool in multip completed wells.