

DISTRICT OFFICE	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRORATION OFFICE	

IN THE MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

I. OPERATOR

Operator
EP Operating Company

Address
P.O. Box 4815, Midland, TX 79704

Reason(s) for filing (Check one):
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Gas ☐ Condensate ☐

Other (Please explain)

Exchange of ownership, location and address of previous owner: Enserch Exploration, Inc. P.O. Box 4815, Midland, TX 79704

II. DESCRIPTION OF LEASE

Lease Name
Leibirth

Well Name, including Formation
South Peterson-Fusselman

Kind of Lease
Lease No.

Unit Letter
K

Section
350

Range
South

Line and
1980

Direction
West

Line of Section
31

Township
5-S

Range
33-E

County
Roosevelt

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐
Phillips Petroleum Company-Trucks

Address (Give address to which approved copy of this form is to be sent)
4001 Penbrook, Odessa, TX 79763

Name of Authorized Transporter of Crudehead Gas ☒ or Dry Gas ☐
Cities Service Company

Address (Give address to which approved copy of this form is to be sent)
Bluitt Gasoline Plant, Milnesand, NM 88125

If well produces oil or liquids, give location of tanks.
Unit Sec. Twp. Rge. Is gas actually connected? When
K 31 5S 33E Yes 10/31/78

IV. COMPLETION DATA

Designate Type of Completion - (X)
Oil Well Gas Well 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 Formation Top Oil/Gas Pay Tubing Depth

Perforations Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable 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 Testing Pressure (Shut-in) Choke Size

Actual Prod. During Test Oil-Gals. Water-Bbls. GCS-MCF

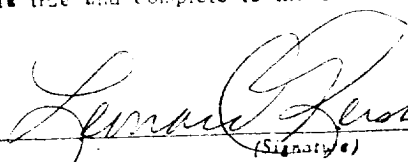
GAS WELL

Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MCF Gravity of Condensate

Testing Method (pilot, back pr.) Testing Pressure (Shut-in) Choke Pressure (Shut-in) Choke Size

VI. 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.


(Signature)
District Production Manager, New Enserch Exploration, Inc.
Managing General Partner (Title)
(Date)

OIL CONSERVATION COMMISSION
APPROVED JUN 12 1985, 19
BY
ORIGINAL SIGNED BY ANDY SEXTON
TITLE DISTRICT SUPERVISOR

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.
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.