NO IN CUPIES MELLIN			
DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.		Ì	
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			

'EW MEXICO OIL CONSERVATION COMMISSIC REQUEST FOR ALLOWABLE

Form C-104 Supersedes Old C-104 and C-110

	U.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS							
	TRANSPORTER OIL							
	GAS OPERATOR	·						
_	PRORATION OFFICE							
I.	Operator	1						
Enserch Exploration, Inc.								
							Address	
P. O. Box 4815, Midland, Texas 79701 CASING HEAD			GAS MUST NOT BE					
	Reason(s) for filing (Check proper box,		Other (Please explain)	-8-4-15				
	New Well	Change in Transporter of:	UNLESS AN EXCEPTION TO R-4079					
Recompletion Oil Dry Gas			is CBTAINED	•				
	Change in Ownership Casinghead Gas Condensate							
	If change of ownership give name							
	and address of previous owner							
		1 / / / / /						
11.	DESCRIPTION OF WELL AND	Well No. Pool Name, Including F	ormation Kind of Leas	Se Lagge No				
	Lease Name			_				
	Lambirth 1 Wildcat (Fusselman) State, Federal or Fee Fee							
	Location		1000	11. 6				
	Unit Letter K : 198	O Feet From The South Lir	ne and 1980 Feet From	The West				
	İ			•				
	Line of Section 31 Tov	vnship 5S Range	33E , NMFM, RC	osevelt County				
UI. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS								
	Name of Authorized Transporter of Oil	X or Condensate	Address (Give address to which appro	oved copy of this form is to be sent)				
	Phillips Petroleum Co	mnany	4001 Penbrook, Odessa,	Texas 79762				
	Name of Authorized Transporter of Cas	singhead Gas X or Dry Gas	Address (Give address to which approved copy of this form is to be sent)					
			Bluitt Gasoline Plant, Milnesand, N.M. 88125					
	Cities Service Compan			nen				
If well produces oil or liquids,								
give location of tanks. K 31 5S 33E No								
	If this production is commingled with	th that from any other lease or pool,	give commingling order number:					
₹V.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Resty. Diff. Resty.				
	Designate Type of Completic	(V)		Ping Buck Surie Res 1. Dill. Res 1.				
	Designate Type of Compress		X					
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.				
	3-31-78	6-4-78	7992'	7927'				
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth				
	4431.8' GR	Fusselman	7800 '	7780'				
	Perforations			Depth Casing Shoe				
	7808'-52' (14 holes)		7959'					
		TUBING, CASING, AN	D CEMENTING RECORD					
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT				
	17-1/2"	13-3/8"	356'	350 sx. Circ.				
	12-1/4"	8-5/8"	3327'	1950 sx. Circ.				
		5 1/2"	7959'	725 sx.				
	7-7/8"	$\frac{3-1/2}{2-3/8}$ "	7780'					
V.	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a able for this de	ifter recovery of total volume of load oil epth or be for full 24 hours)	and must be equal to or exceed top allow-				
	OIL WELL Date First New Oil Run To Tanks	, etc.)						
	6-4-78	7ubing Pressure	Flowing Casing Pressure	Choke Size				
	Length of Test		Packer	1/4"				
	24 hours	585 psi	Water-Bbls.	Gas-MCF				
	Actual Prod. During Test	* · ·						
		638 Bbls.	_ 0 _	703 MCF				
	GAS WELL			<u></u>				
	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				
			<u> </u>					
γī	VI. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION					
I hereby certify that the rules and regulations of the Oil Conservation		1 THIN 10 1978						
		APPROVED JUN 1 19 19						
I hereby certify that the rules and regulations of the off Conservation			A Della State					
above is true and complete to the best of my knowledge and belief.				· · · · · · · · · · · · · · · · · · ·				
1 -			THE SUPERVISOR DISTRICT!					
	,							
If this is a request for allowable for well, this form must be accompanied by a tests taken on the well in accordance wi			This form is to be filed in compliance with RULE 1104.					
			If this is a request for allowable for a newly drilled or deepened					
			anied by a tabulation of the deviation or the deviation or the mith AULE 111.					
			All sections of this form must be filled out completely for allow-					

(Title)

(Date)

June 6, 1978

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.