AU DITEURIER HELE	٠. ٠	L	1
DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.		<u>i </u>	ļ.,
LAND OFFICE		<u> </u>	<u>ا</u>
TRANSPORTER	OIL		<u> </u>
	GAS		
OPERATOR			<u> </u>
			1

EW MEXICO OIL CONSERVATION COMMISSION

Form C-104

-	SANTA FE	REQUEST FO	OR ALLOWABLE	Supersedes Old C-104 and C-110	
-	FILE		AND	Effective 1-1-65	
-	U.S.G.S.	AUTHORIZATION TO TRANS	SPORT OIL AND NATURAL GAS		
	AND OFFICE				
\vdash	OIL				
	TRANSPORTER GAS				
H	OPERATOR				
	PRORATION OFFICE				
	Operator				
	EP Operating Company				
T	Address	7070/			
1	P.O. Box 4815, Mid	land, TX /9/04	Other (Please explain)		
Ī	Reason(s) for Isling (Check proper box)	Change in Transporter of:			
	New Well				
-	Recompletion	Oil Dry Gas Casinghead Gas Condens	ate		
į.	Clange in Ownership XX	Chamquest Car	The second secon		
	f change of ownership give name	E Fynloration. Il	nc., P.O. Box 4815, Midla	nd, TX 79704	
1	nd address of previous owner	Enserch Exploración, 1.			
H.	DESCRIPTION OF WELL AND L	Well No. Pool Name, Including For	rmation Kind of Lease	Lease No.	
Ì	Lease Name	3 South Peterson	Penn Associatedate, Federa	fee Fee	
ļ	<u>Lambirth</u>				
	Location	North time	and 1980 Feet From The	, East	
	Unit Letter G : 1980				
	0.1	ship 5-S Range 3	3-E , NEPM, Roose	velt County	
	Line of Section 31 10wr	j-5			
	DESIGNATION OF TRANSPORT	FR OF OIL AND NATURAL GAS	s	I carry of this form is to be sent!	
II.	Name of Authorized Transporter of Oil	or Condensate X	Address (Give address to which approved	TV 79763	
	Distance Petroleum Comp	any-Trucks	4001 Penbrook, Odessa, TX 79763 Address (Give address to which approved copy of this form is to be sent)		
	Name of Authorized Transporter of Cast	nghead Gas or Dry Gas 🔀	Bluitt Gasoline Plant,	Milnesand. NM 88125	
	Cities Service Company		Bluitt Gasoline Flant,		
		Unit Sec. Twp. Pige.	is day actually commented	11/10/78	
	If well produces oil or liquids, give location of tanks.	K 31 5S 33E	Yes	11/10/.0	
	If this production is commingled wit	h that from any other lease or pool,	give commingling order number:	PC 573	
***	COMPLETION DATA		New Well Workover Deepen	Plug Back Same Resty, Dill. Resty.	
IV.		Oil Well Gas Well	New Wett Hotzore:		
	Designate Type of Completio	n – (X)	Total Double	P.B.T.D.	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth		
			Top Oll/Gas Pay	Tubing Depth	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	1.00 0.17 0.00		
				Depth Casing Shoe	
	Perforations				
		THE CASING AND	D CEMENTING RECORD		
			DEPTH SET	SACKS CEMENT	
	HOLE SIZE	CASING & TUBING SIZE			
		<u> </u>			
				· 	
		- ATTOMANTE OF A	after recovery of total volume of load oil o	and must be equal to or exceed top allo	
٧	. TEST DATA AND REQUEST F	OR ALLOWABLE (less must be able for this d	(enth of be jor juli 24 now */		
Í	OIL WELL	Date of Test	Producing Method (Flow, pump, gas lif	t, etc.J	
	Date First New Oil Run To Tanks				
		Tubing Frees #0	Curing Lander	Ch-1 2 5120	
	Langth of Test	•			
	Table Date Table	Oil-Bbls.	Va.er-3.36.	GGN+MCF	
	Actual Prod. During Test				
GAS WELL Brie. Contains 116/MMCF Gravity of Con				Gravity of Condenagte	
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bris. Condens ste/MisCF	Greatty or concennate	
	Actual Ploat 1 date 400 / 2			Chose Size	
	Teeting Method (pitot, back pr.)	Tubing Pressure (in dein)	Casing Pressure (Shat-in)	0	
	Feeting Weison thront and but			TION CONNECTION	
	THE OF COUNTIANCE		OIL CONSERVATION COMMISSION		
١	I. CERTIFICATE OF COMPLIA	,	JUN 1 2 1985		
	مصاعبة والمراجع المراجع	i regulations of the Oil Conservation with and that the information give	APPROVED BY IFORY SEXTON		
	I hereby certify that the rules and	with and that the information give he heat of my knowledge and belief	ORIGINAL ST		
	Commission have a sensite to t	he beat of my knowledge and belief	DT	ICI I SOMERTINE	

Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

(Signature)

DistrictProductionManager,NewEnserchExploration
Managing General Partners

(Date)

This form is to be filed in compliance with RULE 1104.

If this is a request for silowable 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 allow 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 condition Separate Forms C-104 must be filed for each pool in multiple completed wells.

RECEIVED

MAY 6 1985

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