	DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE TRANSPORTER OIL GAS OPERATOR PROBATION OFFICE	REQUEST	CONSERVATION COMMIS	Form C-104 Supersedes Clil C-104 and C-110 Effective 1-1-65 GAS	
1.	Operator Enserch Exploration, Inc.				
	Address P. O. Box 4815, Midland, Texas 79701				
	Reason(s) for filing (Check proper box)		Other (Please explain)		
	New Well	Change in Transporter cí:	Permanent Allowa	able	
	Recompletion Change in Ownership	Casinghead Gas Conde			
	If change of ownership give name and address of previous owner	DESIGNATED BELOW. T	PLACED IN THE POOL		
11.	DESCRIPTION OF WELL AND I Lease Name	Well No. Pool Name, Including F	Formation R-6170 Kind of Lea	se Lease No.	
	Lambirth Location	3 South Peterson	n-Pennsylvanian State, Fede	ral or Fee Fee	
	Unit Letter <u> </u>	30 Feet From The North Li	ne and <u>1980</u> Feet From	TheEast	
	Line of Section 31 Tow	vnship 5–8 Range	<u>33-е</u> , ммрм, <u>R</u>	posevelt County	
ш.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	AS Address (Give address to which appr	oved copy of this form is to be sent)	
	Phillips Petroleum Company		4001 Penbrook, Odessa, Texas 79762		
Name of Authorized Transporter of		Inghead Gas X or Dry Gas	Address (Give address to which approved copy of this form is to be sent)		
	Cities Service Compar	ny 'Unit Sec. Twp. Rge.		, Milnesand, N. M. 88125 ^{hen}	
	L	K 31 55 33E	Yes	11-10-78	
JV.	If this production is commingled wit COMPLETION DATA	h that from any other lease or pool,	give commingling order number:		
	Designate Type of Completio	on = (X) Oil Well Gas Well X	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	8030' Top Oil/Gas Pay	7790' Tubing Depth	
	4393.5'	Pennsylvanian	7700'	7681'	
	Perforations 7702'-15'			Depth Casing Shoe 8030	
	1102 15	TUBING, CASING, AND CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE		SACKS CEMENT	
	17-1/2"	<u>13-3/8"</u> 8-5/8"	377'	350 sx. Circ. 2000 sx. Circ.	
	12-1/4"	5-1/2"	8030'	800 sx.	
		2-3/8"	7681'		
V.	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow OIL WELL				
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	lift, etc.)	
		8-20-79 Tubing Pressure	Flowing Casing Pressure	Choke Size	
	Length of Test 24 hours	875 psi	Packer	9/64"	
	Actual Prod. During Test	Oil-Bbla.	Water-Bbls.	Gaa-MCF	
		11	Trace	643 MCF	
	GAS WELL				
	Actual Prod. Test-MCF/D	Length of Test	Bbla. Condensate/MMCF	Gravity of Conder.sate	
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing 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.		OIL CONSERV	ATION COMMISSION	
			APPROVED SEP 10 1070		
			This form is to be filed in	compliance with RULE 1104.	
-	2. F. Burnelt - H. F. Burnett		This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened		
	(Signature)		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.		
	Production Superintendent (Title) September 6, 1979				
	(Da	te)	well name or number, or transpo	erter, or other such change of condition. Ist be filed for each pool in multiply	
			completed wells		