NO OF SUPIES PECS.								
DISTRIBUTIO								
SANTA FE								
FILE								
U.S.G.S.								
LAND OFFICE								
IRANSPORTER	OIL							
	G A\$							
OPERATOR								

February 28, 1980

(Date)

NEW MEXICO OIL CONSERVATION COMMI. .N REQUEST FOR ALLOWABLE

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

	FILE			1			AND			Fliedite 1-	1-63
U.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS								SAS			
TRANSPORTER OIL											
		G A \$]							
	OPERATOR		ĺ								
	PRORATION OFF	ICE	1								
ı.	Operator			<u> </u>							
	Enserch Exploration, Inc. Address P. O. Box 4815, Midland, Texas 79701										
	- A COUNTY OF THE PROPERTY OF									AT SERVE	
	New We!l	يخإ		Change	In Iransporte	r 01:	_	FY 4.15		5/1/80	
	Recompletion			O11		Dry Ga	s	5 7 1. 1		·	****
	Change in Ownership			Casina	head Gas	Conder	nsate Description to Regre				
				<u> </u>				1	**************************************		
	If change of ownersh	hin give n	ame		TO DOM: NAME:	3 4462 276	יש או ארב	7) W TUE 000	r:		
	and address of previ							D IN THE POC			
	•							PHOD TON OU	JUK		
TT	DESCRIPTION OF	e wet t	AND	EASE	MOTH!	ims offici	-•				
	Lease Name	WELL	AND	Well N	o. Pool Name,	Including F	ormation		(ind of Lease		Legse No.
				!				012281	state, Federa	lar Fan Tron	
	Lambirth			9	S.Peter	rson-Fus	serman	1-67201	state, redeta	lor Fee Fee	
	Location										
		Ρ.	560)	rom The Sot	ıth	,	560		_{The} East	
	Unit Letter	<u>-</u> ; –	500	Feet F	from The 300	LinLin	e and	500	Feet From 1	ne Last	
									_	.	
	Line of Section	25	Tow	mship	5S	Range	32E	, NMPM,	Roos	sevelt	County
***	DESIGNATION OF	C TOANS	רפהם	TED OF O	IT AND NAT	TIPAT GA	c				
111.	Name of Authorized T	FIRANS	of OU	ER OF O	Condensate		Address	(Give address to	which approx	ed copy of this form i	s to be sent)
				لم د	Condensate						, , , , , , , , , , , , , , , , , , , ,
	Phillips Pet	roleum	Co.				4001	Penbrook,	Odessa,	Texas 79762	
	Name of Authorized T	Fransporter	of Cas	inghead Gas	X or Dry	Gas 🗀	Address	Give address to	which approx	ed copy of this form i	s to be sent)
				-			701		70.1	f: 1 1 37 34	00105
	Cities Servi	ce Com	pany							Milnesand,N.M	. 88125
	If well produces oil o	or Hauids.		Unit S	iec. Twp.	Rge.	Is gas ac	tually connected	? Whe	n	
	give location of tanks			' L '	30 ! 59	S +33E	İ	No	1		
	<u>L.</u>			1			1				
	If this production is	commingl	ed wit	h that from	any other lea	se or pool,	give com	ningling order r	number:		
	COMPLETION DA										
				475	Oll Well	Gas Well	New Well	Workover	Deepen	Plug Back Same F	les'v. Diff. Res'v.
	Designate Type	e of Com	pletio	n = (X)	! X	,)	X	i	I	i	i .
	5 . 6 .11.1			Date Compl	. Ready to Pro	<u> </u>	Total De	nth .	<u> </u>	P.B.T.D.	
	Date Spudded			1	-	u,	Total De	_			
	12/16/79				2/14/80		ļ	7960 '	·	7895 '	
	Elevations (DF, RKB	, RT, GR,	etc.j	Name of Pro	oducing Format	tion	Top Oil/	Gas Pay		Tubing Depth	
	4368.4' GR		,	Fuce	elman		7322'			7873 '	
				1433	russerman			,022		Depth Casing Shoe	
	Perforations									,	
	7824'-38' (1	.5 hole	s							7955'	
					TUBING, CA	ASING, AND	CEMEN.	TING RECORD			
	HOLES	CLZE		CASII	NG & TUBING			DEPTH SET		SACKS C	EMENT
		5126				3 3122				<u> </u>	
	17-1/2"			13-3			ļ	369 '			rc.)
	12-1/4"			9-5/	'8''			2067		900 sx. (Ci	rc.)
	8-3/4"			5-1/	211		7955'			500 sx.	
	0.3/4			2-3/			 	7873 '		+	1
				L		<u>-</u>	<u>. </u>			.1	
V.	TEST DATA AND	REQUE	ST F	OR ALLOW	ABLE (Te	st must be a	ter recover	ry of total volumi	of load oil	and must be equal to o	r exceed top allow-
• •	OIL WELL				ab	le for this de		or full 24 hours)			
	Date First New Oil R	un To Tan	ks	Date of Tes	t		Producin	g Method (Flow,	pump, gas lif	t, etc.)	
		26/80	100		Pump						
	2/14/80							Choke Size			
	Length of Test		Tubing Pressure				Casing P			011024 0174	
	24 Hrs.						30#				
	Actual Prod. During	Test		Oil-Bbls.			Water - Bi	ols.		Gas-MCF	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			82	•		ł	2		95	
				02	<u> </u>		L			1	
	GAS WELL										
1	Actual Prod. Test-M	CF/D		Length of T	est		Bbls. Co	ndensate/MMCF		Gravity of Condense	it•
				1							
ļ				T			C1	ressure (Shut-i	n)	Choke Size	
	Testing Method (pitot	t, back pr./	,	Tubing Pres	ssure (Shut-i	n j	Casing P	tessate (pude-1)	Choke Size	
				<u></u>						<u> </u>	
,, <u>-</u>	ODDATE: CARE C	E COME	T 4 310				OLL CONSERVATION COMMISSION				ON
VI.	CERTIFICATE O	r CUMPI	LIANC	, ec							
I hereby certify that the rules and regulations of the Oil Conservation						APPROVED / WAN					
						and the second second					
Commission have been complied with and that the information given											
	above is true and complete to the best of my knowledge and belief.								11/	-1/12/21	
								TITLE			
	J. Fl. Burnett -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 well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.				
4											
	Production Superintendent (Title)							aken on the w	eli in accor	dence with RULE 1	11.
								All sections of this form must be filled out completely for allow-			
								All sections of this form must be three out completely for show-			

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