

NEW 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

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

I. Operator  
Enserch Exploration, Inc.  
Address  
P. O. Box 4815 Midland, Texas 79704  
Reason(s) for filing (Check proper box)  
New Well ☒ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐  
OIL (Please explain)  
**CASINGHEAD GAS MUST NOT BE  
FLARED AFTER 12/14/80  
UNLESS AN EXCEPTION TO R-4070  
IS OBTAINED.**

If change of ownership give name  
and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name Amoco State	Well No. 2	Pool Name, Including Formation N. Peterson-Pennsylvanian Pool	Kind of Lease State, Federal or Fee State	Lease No. L-4401
Location Unit Letter <u>M</u> ; <u>660</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>West</u> Line of Section <u>16</u> Township <u>4S</u> Range <u>33E</u> , NMPM, <u>Roosevelt</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Phillips Petroleum Co. - 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 Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Transwestern Pipeline Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2521 Houston, TX 77001					
If well produces oil or liquids, give location of tanks.	Unit L	Sec. 16	Twp. 4S	Rge. 33E	Is gas actually connected? No	When

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 8-27-80	Date Compl. Ready to Prod. 10-18-80		Total Depth 8000'		P.B.T.D. 7865'			
Elevations (DF, RKB, RT, GR, etc.) 4394.6' GR	Name of Producing Formation Penn		Top Oil/Gas Pay 7822'		Tubing Depth 7710'			
Perforations 7825'-7841', 7848'-7855' (25 holes)					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"	13-1/8"		360'		343 sx (circ.)			
12-1/4"	9-5/8"		2010'		1150 sx			
8-3/4"	5-1/2"		7997'		700 sx			
	2-3/8"		7710'					

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 10-16-80	Date of Test 10-18-80	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hours	Tubing Pressure 200 psi	Casing Pressure packer	Choke Size 14/64"
Actual Prod. During Test	Oil-Bbls. 327	Water-Bbls. 0	Gas-MCF 120

GAS WELL

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

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.

W. H. Bennett  
(Signature)

Production Superintendent  
(Title)

October 20, 1980  
(Date)

OIL CONSERVATION COMMISSION

APPROVED OCT 22 1980, 19\_\_\_\_  
BY [Signature]  
TITLE 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.