

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			

CASINGHEAD GAS MUST NOT BE
FLARED AFTER 6/1/81
UNLESS AN EXCEPTION TO R-4070
IS OBTAINED.

Operator Enserch Exploration, Inc.			
Address P. O. Box 4815 Midland, Texas 79704			
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:		
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>		
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Finley	Well No. 1	Pool Name, Including Formation Nondesignated Wildcat	Kind of Lease State, Federal or Fee	Lease No. Fee
Location Unit Letter <u>A</u> ; <u>660</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>East</u>				
Line of Section <u>6</u> Township <u>5S</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 Tex. 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 A	Sec. 6	Twp. 5S	Rge. 33E
	Is gas actually connected? <u>No</u> 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	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 12-21-80	Date Compl. Ready to Prod. 2-25-81	Total Depth 8515	P.B.T.D. 8444					
Elevations (DF, RKB, RT, GR, etc.) 4501.4 GR	Name of Producing Formation Mississippian Lime	Top Oil/Gas Pay 8250	Tubing Depth 8384					
Perforations 8250' 8302 (24 holes)	Depth Casing Shoe							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	13 3/8"		341		525 sx.			
12 1/4"	9 5/8"		1996		990 sx.			
8 3/4"	5 1/2"		8510		525 sx.			

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 2-3-81	Date of Test 4-19-81	Producing Method (Flow, pump, gas lift, etc.) Pumping 2 X 1 1/2 X 24'	
Length of Test 24	Tubing Pressure 40#	Casing Pressure 40#	Choke Size w/o
Actual Prod. During Test	Oil-Bbls. 116	Water-Bbls. 23	Gas-MCF 212

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.

H. F. Burnett
(Signature)
Production Superintendent
(Title)
April 21, 1981
(Date)

OIL CONSERVATION COMMISSION

APPROVED APR 22 1981
BY James L. Smith
TITLE SUPERVISOR DISTRICT

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.