

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

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

I. Operator
EP Operating Company

Address
P.O. Box 4815, Midland, TX 79704

Reason(s) for filing (Check proper box) Other (Please explain)

New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐

If change of ownership give name and address of previous owner Enserch Exploration, Inc., P.O. Box 4815, Midland, TX 79704

II. DESCRIPTION OF WELL AND LEASE

Lease Name: Annie Harvey Well No.: 1 Pool Name, including location: Peterson Mississippian Lease No.:
Location: Unit Number: J 1980 Feet From The South 1980 Feet From The East
Line of Section: 6 Township: 5-S Range: 33-E N.M.P.M. Roosevelt

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Address (Give address to which approved copy of this form is to be sent)
Phillips Petroleum Company-Trucks 4001 Penbrook, Odessa, TX 79763
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ Address (Give address to which approved copy of this form is to be sent)
Transwestern Pipeline Company FirstNat'l Bank Bldg, Ste 614, Odessa TX 79761
If well produces oil or liquids, give location of tanks. Unit: J Sec: 6 Twp: 5S Rge: 33E Is gas actually connected? Yes When: 9/22/81

If this production is commingled with that from any other lease or pool, give commingling order number: DHC 356

IV. COMPLETION DATA

Designate Type of Completion - (X) Oil Well Gas Well 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 Top Oil/Gas Pay Tubing Depth
Perforations Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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 Date of Test Producing Method (Flow, pump, gas lift, etc.)
Length of Test Casing Pressure Choke Size
Actual Prod. During Test Oil - Bbls. Water - Bbls. Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D Length of Test Bbls. Condensate - MCF Gravity of Condensate
Testing Method (pilot, 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.


(Signature)

District Production Manager, New Enserch Exploration Inc.
Managing General Partner (Title)

(Date)

OIL CONSERVATION COMMISSION

JUN 12 1985

APPROVED _____, 19____

BY _____

TITLE ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT 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 multiple completed wells.



LTR



Job separation sheet

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 1-1-85

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I. Operator
EP Operating Company
Address
P.O. Box 4815, Midland, TX 79704
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐
Other (Please explain)

If change of ownership give name and address of previous owner
Enserch Exploration, Inc., P.O. Box 4815, Midland, TX 79704

II. DESCRIPTION OF WELL AND LEASE

Lease Name Annie Harvey	Well No. 1	Pool Name, including Formation Dora Penn	Kind of Lease State, Federal or Free	Fee	Lease No.
Location Unit Letter 3	1980	Feet From The South	Line and 1980	Feet From The East	
Line of Section 6	Township 5-S	Range 33-E	NE/4	Roosevelt	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 Company-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 Company	Address (Give address to which approved copy of this form is to be sent) FirstNat'l Bank Bldg, Ste 614, Odessa TX 79761				
If well produces oil or liquids, give location of tanks. Unit J	Sec. 6	Twp. 5S	Rge. 33E	Is gas actually connected? Yes	When 9/22/81

If this production is commingled with that from any other lease or pool, give commingling order number:
DHC 356

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resrv.	Diff. Resrv.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Perforations	Depth Casing Shoe							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

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)

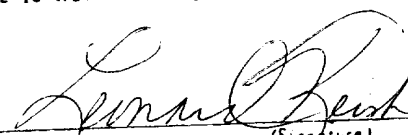
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Shut-in Pressure	Shut-in Rate
Actual Prod. During Test	Oil-Bbls.		Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Flow Condensate/MCFD	Gravity of Condensate
Testing Method (pilot, 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.


(Signature)
District Production Manager, New Enserch Exploration Inc.
Managing General Partner (Title)

(Date)

OIL CONSERVATION COMMISSION

JUN 12 1985

APPROVED _____, 19

BY _____ ORIGINAL SIGNED BY JERRY SEXTON

TITLE _____ DISTRICT 1 SUPERVISOR

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