

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

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 ☐
Change in Ownership ☒	Casinghead Gas ☐
	Dry Gas ☐
	Condensate ☐

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

II. DESIGNATION OF WELL AND LEASE		Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Well Name Quarter "A"		1	Peterson Mississippian	State, Federal or Fee	Fee
Section 28		Township 4-S	Range 33-E	County Roosevelt	
Feet From The South		Line and 660	Feet From The West		

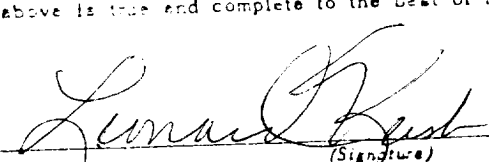
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Oil ☒ or Condensate ☐	Phillips-Petroleum Company-Trucks	4001 Penbrook, Odessa, TX 79763	
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	Transwestern Pipeline Company	FirstNat'l Bank Bldg, Ste 614, Odessa TX 79761	
If well produces oil or liquids, give location of tanks.	Unit L	Sec. 28	Twp. 4S
			Rge. 33E
		Is gas actually connected?	When
		Yes	9/22/81

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

IV. COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resv.	Diff. Resv.
Designate Type of Completion - (X)									
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 10% 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.)	
Test Results	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL		Bbls. Condensate/MMCF		Gravity of Condensate	
Actual Prod. Test-MCF/D	Length of Test				
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 England Exploration Inc. Managing General Partner	
(Date)	

OIL CONSERVATION COMMISSION	
APPROVED  ORIGINAL SIGNED BY JERRY SEXTON, 19	
BY DISTRICT I SUPERVISOR	
TITLE	
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.	

RECEIVED

MAY 6 1985

CHIEF
HUBBS OFFICE