| AL OF CUPIES ASC | | | |
|------------------|-----|---|---|
| CISTRIBUTION | | | 1 |
| SANTA FE | | | |
| FILE | | | |
| U.\$.G.\$. | | i | |
| LAND OFFICE | | | |
| TRANSPORTER | OIL | | |
| | GAS | | |
| OPERATOR | | 1 | |
| | | | |

HEW MEXICO OIL CONSERVATION COMMISS! . REQUEST FOR ALLOWABLE

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

| ; | U.S.G.S. LAND OFFICE TRANSPORTER OIL | AS | | | | | |
|--|--|---|---|---|--|--|--|
| | OPERATOR GAS | | | | | | |
| I. | PRORATION OFFICE Cperator | | | | | | |
| | EP Operating Company | | | | | | |
| | P.O. Box 4815, Midland, TX 79704 Reason(s) for Fling (Check proper box) New Well Change in Transporter of: | | | | | | |
| | Recompletion | Oil Dry Gas | | | | | |
| | Change in Ownership X Casinghead Gas Condensate Condens | | | | | | |
| Ħ. | DESCRIPTION OF WELL AND LEASE | | | | | | |
| | Lease Name Well No. Pool Name, Including Formation End of Lease No. Poor 1 Journal 1 North Peterson Penn State, Federal or Fee | | | | | | |
| | | | | | | | |
| | Unit Letter C 660 Feet From The North Line and 1980 Feet From The West | | | | | | |
| | Line of Contion 21 Township 4-S France 33-E , NMPM Roosevelt County | | | | | | |
| HI. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS | | | | | | | |
| | Name of Authorized Transporter of Oii (X) or Condensate Address (Give address to which approved copy of this form in Phillips Petroleum Company-Trucks 4001 Penbrook, Odessa, TX 79763 | | | | | | |
| | Name of Authorized Transporter of Cas | | Address (Give address to which approved copy of this form is to be sent) FirstNat'1.BankBldg, Ste 614, OdessaTX 79761 | | | | |
| | Transwestern Pipeline (If well produces oil or liquids, | Unit Sec. Twp. Pge. | Is gas actually connected? Whe | | | | |
| | give location of tanks. | 1 17 4S 33E | Yes | 6/30/81 | | | |
| | If this production is commingled wit COMPLETION DATA | i with that from any other lease or pool, give commingling order number: | | | | | |
| | Designate Type of Completio | | New Well Workover Deepen | Plug Back Same Resty, Diff, Resty, | | | |
| | Date Spudded | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. | | | |
| | Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | Top Oll/Gas Pay | Tubing Depth | | | |
| | Perforations | | <u> </u> | Depth Casing Shoe | | | |
| | | THOMAS CASING AND | CEMENTING RECORD | | | | |
| | HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT | | | |
| | | | | | | | |
| | | | | | | | |
| v. | OIL WELL | able for this de | pih or be for full 24 hturs) | ad all and most be equal to or exceed top all two | | | |
| | Date First New Oll Run To Tanks | Date of Test | Producing Mathem (Flow, pump, gas lif | | | | |
| | _ingrest Cost | Tubing Fraskid● | Continue. | C | | | |
| | Actual Prod. During Test | On - Bble. | Wilser-Bi. | Gears, of | | | |
| | | | | | | | |
| | GAS WELL Actual Tidal Test-MDF/D | Length of Test | Bullet Condensate/MMCF | Gravity of Condentate | | | |
| | Testing Method (pitot, back pr.) | Tubing Pressure (Shub-in) | Casing Pressure (Shut-in) | Chake Sixe | | | |
| | | | | | | | |
| VI. | CERTIFICATE OF COMPLIANCE | CE | OIL CONSERVATION COMMISSION APPROVED JUN 1 2 1985 | | | | |
| | I hereby certify that the rules and r Commission have been complied w | egulations of the Oil Conservation | APPROVED JUNI & 1303 | | | | |
| above is true and complete to the best of my knowledge and belief. | | DISTRICT I SUPERVICOR | | | | | |
| | | | TITLE | | | | |
| | Jenne 1 | This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or despensed | | | | | |
| DistrictProductionManager, NewEnserchExplorationI | | | well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111. | | | | |
| | DistrictProductionManage Managing General Partne | | able on new and recompleted wells. | | | | |
| (Date) | | | 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.