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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  
Effective 1-1-65

I. Operator  
Enserch Exploration, Inc.

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

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

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

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name LaGrone	Well No. 1	Pool Name, Including Formation Peterson Mississippian	Kind of Lease State, Federal or Fee Fee	Lease N
Location Unit Letter <u>H</u> ; <u>1980</u> Feet From The <u>North</u> Line and <u>510</u> Feet From The <u>East</u> Line of Section <u>29</u> Township <u>4S</u> Range <u>33E</u> , NMPM, <u>Roosevelt</u> Count				

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, Texas 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) Suite 614, First Nat'l Bnk. Bldg., Odessa, TX 79761
If well produces oil or liquids, give location of tanks. Unit <u>H</u> Sec. <u>29</u> Twp. <u>4S</u> Rge. <u>33E</u>	Is gas actually connected? <u>Yes</u> When <u>9/24/81</u>

If this production is commingled with that from any other lease or pool, give commingling order number: DHC 354

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 checked="" type="checkbox"/>	Plug Back <input type="checkbox"/> Same Res'v. <input type="checkbox"/> Diff. Res. <input checked="" type="checkbox"/>
Date Spudded 7/20/81	Date Compl. Ready to Prod. 5/27/82	Total Depth 8194'	P.B.T.D. 8155'
Elevations (DF, RKB, RT, GR, etc.) 4359.2' GR	Name of Producing Formation Mississippian	Top Oil/Gas Pay 8008'	Tubing Depth 8098'
Perforations 8010'-58' (24 holes)			Depth Casing Shoe 8193'
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	13-3/8"	366'	460 sx. - Circ.
12-1/4"	9-5/8"	1953'	1050 sx. - Circ.
8-3/4"	5-1/2"	8193'	550 sx.
	2-3/8"	8098'	

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 oil able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 5/28/82	Date of Test 6/5/82	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hours	Tubing Pressure ---	Casing Pressure 25#	Choke Size ---
Actual Prod. During Test	Oil-Bbbls. 3	Water-Bbbls. 1	Gas-MCF 15

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbbls. 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) H. F. Burnett  
Production Superintendent  
(Title)  
August 5, 1982  
(Date)

OIL CONSERVATION COMMISSION

APPROVED AUG 11 1982, 19

BY JERRY SOYON  
ORIGINAL SIGNED BY  
TITLE 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 deeper well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for all wells on new and recompleted wells.  
Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of condition.  
Separate Forms C-104 must be filed for each pool in multi-