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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
Enserch Exploration, Inc.

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

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

New Well	<input type="checkbox"/>	Change in Transporter of:	
Recompletion	<input checked="" type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry 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 *North Dora Penn R-6967 5-1-82*

Lease Name LaGrone	Well No. 1/1	Pool Name, Including Formation Undesignated (Penn)	Kind of Lease State, Federal or Fee Fee	Lease No.
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Location
Unit Letter H ; 1980 Feet From The North Line and 510 Feet From The East

Line of Section 29 Township 4S Range 33E , NMPM, 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"/>	Address (Give address to which approved copy of this form is to be sent)
Phillips Petroleum Company - Trucks	4001 Penbrook, Odessa, Texas 79762
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Transwestern Pipeline Company	Suite 614, 1st Nat'l Bank Bldg., Odessa, TX 79761

If well produces oil or liquids, give location of tanks.	Unit H	Sec. 29	Twp. 4S	Rge. 33E	Is gas actually connected? Yes	When 9/24/81
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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	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
	X					X		X

Date Spudded 7/20/81	Date Compl. Ready to Prod. 11/9/81	Total Depth 8194'	P.B.T.D. 8000'
Elevations (DF, RKB, RT, GR, etc.) 4359.2' GR	Name of Producing Formation Pennsylvanian	Top Oil/Gas Pay 7973'	Tubing Depth 7988'
Perforations 7973'-76'			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"	7988'	

V. TEST DATA AND REQUEST FOR ALLOWABLE (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)

OIL WELL

Date First New Oil Run To Tanks 11/9/81	Date of Test 12/21/81	Producing Method (Flow, pump, gas lift, etc.) Pump 2" x 1-1/4" x 24'
Length of Test 24 hours	Tubing Pressure --	Casing Pressure 20#
Actual Prod. During Test	Oil-Bbls. 15	Water-Bbls. 8
		Gas-MCF 18

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) H. F. Burnett
Production Superintendent
(Title)
December 28, 1981
(Date)

OIL CONSERVATION COMMISSION
APPROVED **DEC 31 1981**, 19_____
BY Orig. Signed by
Jerry S.
TITLE Dist. Mgr.

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 all wells on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of
Separate Forms C-104 must be filed for each pool in recompleted wells