DISTRIBUTION SANTA FE			
SANTA FE	NEW MEXICO OIL	CONSERVATION COMMISSION	Form C+104
		FOR ALLOWABLE	Supersedes Old C-104 and C-11
FILE		AND	Effective 1-1-65
U.S.G.S.	AUTHORIZATION TO TR	ANSPORT OIL AND NATURA	I GAS
LAND OFFICE		ALLO OKT OLE AND HATOKA	ic ons
IRANSPORTER OIL GAS			
OPERATOR			
PROBATION OFFICE			
Operator			
Enserch Exploratio	on, Inc.		
1	Midland, Texas 79704		
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well	Change in Transporter of:		approximately 240 barrels
Recompletion	OII Dry G		com SWD disposal tanks.
1 -		75	om bwb disposar tanks.
Change in Ownership	Casinghead Gas Conde	nsate [
If change of ownership give name and address of previous owner			
. DESCRIPTION OF WELL AND LI	Well No. Pool Name, Including F	ormation Kind of L	ease Lease No.
Scott Federal	2 Salt Water D		deral or Fee Federal NM-37611
Location	Z Jait water b	Isposai well	redetal WI-37011
I -	Feet From The North Lin	ne and 1980 Feet Fr	om The East
Line of Section 20 Towns	ship 4S Range	33E , NMPM, ROOS	sevelt County
Cine of Section 20 fowns	This 40 Kunge	33E , 144FM, 1000	County
Name of Authorized Transporter of Oil Phillips Petrole Name of Authorized Transporter of Casin	um Co Trucks		oproved copy of this form is to be sent) 13. Texas 79762 13. proved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Jnil Sec. Twp. Age.	is gas actually connected?	When
If this production is commingled with COMPLETION DATA		give commingling order number:	
Designate Type of Completion	(Y) Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Resty. Diff. Resty.
		<u> </u>	t 1
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
Lievations (DF, MAB, MT, GR, etc.)	, and of 1 roughly 1 of marion	10,000,000,000	
Perforations		<u></u>	Depth Casing Shoe
,			
	TUBING CASING AN	D CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
—			
			i
	ALLOWADIE CO.	francisco of total values of total	oil and must be equal to or exceed top allow-
TOTAL AND DECLEST FOR		pth or be for full 24 hours)	oil and must be equal to or exteed top allow-
TEST DATA AND REQUEST FOR		Producing Method (Flow, pump, ga	s lift, etc.)
OIL WELL	Date of Test		
OIL WELL			,,
OIL WELL Date First New Oil Run To Tanks	Oate of Test	Casing Pressure	Choke Size
OIL WELL Date First New Oil Run To Tanks		Casing Pressure	
OII. WEIL Date First New Cil Run To Tanke Length of Test T	ate of Test		Choke Size
OII. WEIL Date First New Cil Run To Tanke Length of Test T	Oate of Test	Casing Pressure	
OII. WEIL Date First New Cil Run To Tanke Length of Test T	ate of Test		Choke Size
OH, WELL Date First New Oil Run To Tanke Length of Test Actual Prod. During Test C	ate of Test		Choke Size
OII. WELL Date First New Cil Run To Tanke Length of Test Actual Prod. During Test GAS WELL	ote of Test Tubing Pressure Oti - Bbis.	Water - Bbls.	Choke Size Gas - MOF
OII. WELL Date First New Cil Run To Tanke Length of Test Actual Prod. During Test GAS WELL	ate of Test		Choke Size
OH, WELL Date First New Cil Run To Tanks Length of Test Actual Prod. During Test GAS WELL Actual Prod. Test-MCF/D L	oute of Test Tubing Pressure Dil-Bbls. ength of Test	Water-Bbls. Bbls. Condensate/MMCF	Choke Size Gas - MCF Gravity of Condensate
OH, WELL Date First New Cil Run To Tanks Length of Test Actual Prod. During Test GAS WELL Actual Prod. Test-MCF/D L	ote of Test Tubing Pressure Oti - Bbis.	Water - Bbls.	Choke Size Gas - MOF
OH, WELL Date First New Cil Run To Tanks Length of Test Actual Prod. During Test GAS WELL Actual Prod. Test-MCF/D L	oute of Test Tubing Pressure Dil-Bbls. ength of Test	Water-Bbls. Bbls. Condensate/MMCF	Choke Size Gas - MCF Gravity of Condensate

VI.

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.

The Burnett H.F. Burnett
(Signature)
Production Superintendent
(Tule)
May 20, 1985
(Date)

ON MAY 2 3 1985 APPROVED.

ORIGINAL SIGNED BY JERRY SEXTON 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.