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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-101 and C-1
Effective 1-1-65

Operator ENSTAR Petroleum, Inc.	
Address P.O. Drawer 3546, Midland, TX 79702	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well ☐	Change in Transporter of:
Recompletion ☐	Oil ☐ Dry Gas ☐
Change in Ownership ☒	Casinghead Gas ☐ Condensate ☐

If change of ownership give name and address of previous owner: McAlester Fuel Company, P.O. Box 10, Magnolia, Arkansas 71753
Effective 1/1/83

1. DESCRIPTION OF WELL AND LEASE			
Lease Name Pat H. McClure A	Well No. Pool Name, including Formation 1 Denton Devonian	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter G : 1650 Feet From The North Line and 2310 Feet From The East Line of Section 14 Township 15S Range 37E, NMPL, Lea County			

2. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS						
Name of Authorized Transporter of Oil ☒ or Condensate ☐ Amoco Pipeline Company	Address (Give address to which approved copy of this form is to be sent) 2300 Continental Nat.Bk., Ft. Worth, TX 76102					
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ Tipperary Corporation	Address (Give address to which approved copy of this form is to be sent) 500 W. Illinois, Midland, TX 79701					
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 14	Twp. 15S	Rge. 37E	Is gas actually connected? Yes	When May 1, 1970

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

COMPLETION DATA									
Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Rest'y.	PHH, Rest'y.
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.					
Elevations (DE, RKB, RT, CR, 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

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)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Lbs. Condensate/MCF	Gravity of Condensate
Testing Method (puck, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
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.		APPROVED APR 27 1983 , 19	
Administrative Supervisor <i>K. Linnelle Zeack</i> (Signature) 1-20-83 (Date)		ORIGINAL SIGNED BY JERRY SEXTON DISTRICT 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 pressure tests taken on the well in accordance with RULE 111.	
		All sections of this form must be filled out completely for allowance on new and recompletions wells.	
		Fill out only Sections I, II, III, and VI for change of owner, well name or number, or transporter or other such change of condition.	



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