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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-104 and C-111
Effective 1-1-85

Operator ENSTAR Petroleum, Inc.		CASINGHEAD GAS MUST NOT BE FLARED AFTER <u>4/6/84</u> UNLESS AN EXCEPTION TO R-407 IS OBTAINED.				
Address P. O. Drawer 3546, Midland, TX 79702						
Reason(s) for filing (Check proper box)						
New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	Other (Please explain) Request temporary permission for off-lease storage.			
Recompletion	<input type="checkbox"/>	Oil		<input type="checkbox"/>	Dry Gas	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead 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

Lease Name McClure "E"	Well No. 1	Pool Name, Including Formation Denton Wolfcamp	Kind of Lease State, Federal or Fee	Fee				
Location								
Unit Letter	0	860	Feet From The	South	Line and	1980	Feet From The	East
Line of Section	14	Township	15S	Range	37E	NMPM,	Lea	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"/> J.M. Petroleum Corporation	Address (Give address to which approved copy of this form is to be sent) 2000 N. Tower, Plaza of the Americas, Dallas, TX					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 14	Twp. 15S	Rge. 37E	Is gas actually connected? no	When

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'ty.	Diff. Res'ty.
	X		X					
Date Spudded 12/09/83	Date Compl. Ready to Prod. 2/06/84		Total Depth 9550'		P.B.T.D. 9360'			
Pool Denton	Name of Producing Formation Wolfcamp		Top Oil/Gas Pay 9303-9306		Tubing Depth 9346'			
Perforations 9303 - 9306						Depth Casing Shoe 9548		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2	13-3/8		400'		425 sx C w/2% CaCl2			
12-1/4	8-5/8		4668'		1550 sx Lite & 300 C			
7-7/8	5-1/2		9548'		250 sx Pozmix			
	2-7/8		9346					

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 allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 2/06/84	Date of Test 2/12/84	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs.	Tubing Pressure na	Casing Pressure na	Choke Size na
Actual Prod. During Test 60 BO	Oil - Bbls. 60	Water - Bbls. 40	Gas - MCF 56

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	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.

Billy M. Priebe
Billy M. Priebe (Signature)
Operations Manager (Title)

2/20/84
(Date)

OIL CONSERVATION COMMISSION

APPROVED MAR 1 1984
BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT 1 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 Sections I, II, III, and VI only 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.

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