NO OF LOPIES HELD		L	
DISTRIBUTIO			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
I NAME ON LEN	GAS		
OPERATOR			
<del></del>			

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III.

IV.

## NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

SANTA FE		$\vdash$			REQUEST FOR ALLOWABLE				Sup	Supersedes Old C-104 and C-11 Effective 1-1-65	
FILE U.S.G.S.		┼	$\vdash$	AUTUODI	AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS					>c(144 1-1-02	
LAND OFFICE		+-+		AUTHORI	ZATION TO TRA	MSPOR I	OIL AND I	NATURAL G	AS		
LAND OFFICE.	OIL	╁╌┤	1								
IRANSPORTER	GAS	╂─┤	<del>                                     </del>								
OPERATOR	<b>L</b>	1.									
PRORATION OF	ICE										
Operator	_		_								
Enserch Exp	lora	tion	1, 1	nc.				·-·			
	.215	Mid	11 an	d Toyas 7	9704						
P. O. Box 4 Reason(s) for filing				,	7704	10	Other (Please	explain)			
New Well	$\mathbf{x}$			Change in Tr	ansporter of:						
Recompletion				Oil							
Change in Ownership				Casinghead (	Gas Conder	sate					
If change of owners	hip giv	e nan	ne								
and address of prev	ious ov	vner_			4 4-	·	+ 6	2 ( 0) (	8.1		
DESCRIPTION O	F WEL	L A	ND I	EASE PO	Farview M ol Name, Including Fo	ills a	loka 1	Kind of Lease	11-1-81)		
Lease Name T. G. Bates				1 1	Indesignated	Wild	pot	State, Federal	or Fee	Fee	Lease No.
Location						112000	رست	· · · · · · · · · · · · · · · · · · ·			
Unit Letter	3	. 1	980	Feet From T	he North Lin	aged 19	980	Feet From T	be Eas	st	
Omt Letter	<del></del>	. • <u> </u>						1	· <del>-</del>		
Line of Section	14		Tow	nship 25S	Range	34E	, NMPM,	L	ea		County
					ID MATTIDAT CA						
Name of Authorized	F TRA	rter o	OR 1	or Cond	ND NATURAL GA	Address (G	ive address t	o which approv	ed copy of th	is form is to	be sent)
				pany - Truc	ks	4001 Pe	enbrook.	Odessa,	Texas 7	79763	
Name of Authorized	Transpo	rter of	i Casi	inghead Gas	or Dry Gas X			o which approv			be sent)
<del>Trans</del> wester						Suite (	<del>514,Firs</del>	t Nat'l B	ank Bldg	.,Odess	a,TX 7976
If well produces oil	or liquid	is,	1	Unit Sec.	Twp. P.ge.	Is gas actu	ally connecte	d? Whe	n		
give location of tank	s.			G 14	25S 34E	No			<del>-</del>		
_		ingled	i with	h that from any o	ther lease or pool,	give commi	ngling order	number:			•
COMPLETION D.				O11 V	Vell Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'	Diff. Restv.
Designate Typ	se of C	ompl	etio	n - (X)	X	X	\$	:	)    -	! ! .	i 1
Date Spudded				Date Compl. Read		Total Dept	h		P.B.T.D.	•	
12/25/80				7/16/			7,500 <b>'</b>		14	4,965'	
Elevations (DF, RKE	3, RT, G	R, etc	c.j	Name of Producin		Top Oil/Go	=		Tubing Dep		
3347 GR				Atoka	<u> </u>	1,	4,763'		Depth Casir	4,650'	
14,763'-72'	ı								'	7,449'	
14,703 72				TUB	ING, CASING, AND	CEMENTI	NG RECOR	D	1	3,12	
HOLE	SIZE				TUBING SIZE	DEPTH SET		SACKS CEMENT		NT	
26"				20"		388'		915 sx Circulated			
17-1/2"				13-3/8'			5,606'		5450 sx Circulated		
12-1/4"				10-3/4	1	10.00	13,2	49'	2642 sx.		
9-1/2" TEST DATA ANI			i	7-3/4" 5".line	Liner E (Test must be a)	$\frac{12,880}{16.43}$	0'-16,84 7'-17,44	9 ·	1 /00 sx.		
TEŠT DATA ANI	REQ	UEST	r Fo	R ALLOWABL	E (Test must be af able for this de	iter tecduéry pth or be for	of total Volui full 24 hours	he of load oil a )	nd must be e	juai to or exc	ceed top allow-
OIL WELL Date First New Oil F	Run To 7	  Tank		Date of Test		Producing	Method (Flow	, pump, gas lift	, etc.)	<del></del>	
			1								
Length of Test				Tubing Pressure		Casing Pressure		Choke Size			
Actual Prod. During	Test			Oil-Bbls.		Water - Bble			Gas-MCF	·	
Actual Piba: During	. •••								l		
Actual Prod. Test-N	SERWY SERVIN		<del></del>	Length of Test		Bbls. Cond	ensate/MMCF		Gravity of C	Condensate	
1.4 MMCF/D	CANNA			24 Hours	3	1	18		45		
Testing Method (pito	t, back	pr.)		Tubing Pressure (		Casing Pre	-trda) ewe	·in)	Choke Size		
Back Pressu	ıre			3771#		Pa	cker		12,	/64"	
CERTIFICATE O	F CON	<b>APLI</b>	ANC	E	,			ONSERVA	TION CON	MISSION	
					ŀ	APPRO		EC 9	981	,	
I hereby certify the Commission have t	t the ru	iles a	ind re	egulations of the	Oil Conservation information given	AFFRO					
above is true and	comple	te to	the	best of my know	viedge and belief.	BY		ay Amatora ,			
<b> </b>					TITLE						
	1			_ /	ŧ	This form is to be filed in compliance with RULE 1104.					
つんずん	/				]						
, V/1 /2	(Signature) H. F. Burnett well, this form must be accompanied by a tabulation tests taken on the well in accordance with RULE						bulation of	the deviation			
Production Superintendent										ely for allow-	
(Title)					All sections of this form must be filled out completely for allowable on new and recompleted wells.						
July 24, 1981					E.11	out only S	ections I. II., or transporte	TIT and V	I for chang	es of owner,	
			(Dat	e)				, or transported C-104 must			
					ł	complete	ad wells.			•	