

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

RECEIVED

FEB 17 1993

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210
DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

O. C. D.
OFFICE OF THE COMMISSIONER OF
OIL CONSERVATION

I. Operator Enron Oil & Gas Company <i>Phillips Pet. Co.</i>		Well API No. 30 015 27082
Address P. O. Box 2267, Midland, Texas 79702		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of operator give name
and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name Rustler Bluff Federal	Well No. 1	Pool Name, Including Formation <i>Willow Lake Delaware</i> Und. Delaware	Kind of Lease FED State, Federal or Fee	Lease No. NM 53229
Location Unit Letter <u>M</u> : <u>1195</u> Feet From The <u>south</u> Line and <u>935</u> Feet From The <u>west</u> Line Section <u>29</u> Township <u>24S</u> Range <u>29E</u> , NMPM, <u>Eddy</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
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 <u>M</u>	Sec. <u>29</u>	Twp. <u>24</u>	Rge. <u>29</u>	Is gas actually connected? <u>No</u>	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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded <u>8-28-92</u>	Date Compl. Ready to Prod. <u>10-20-92</u>		Total Depth <u>6696'</u>		P.B.T.D. <u>6470'</u>			
Elevations (DF, RKB, RT, GR, etc.) <u>2942.7' GR</u>	Name of Producing Formation <u>Delaware</u>		Top Oil/Gas Pay <u>6362</u>		Tubing Depth <u>2-1/8" At 6263'</u>			
Perforations <u>6362'-6398'</u>					Depth Casing Shoe <u>6696</u>			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>17-1/2</u>	<u>13-3/8</u>		<u>600</u>		<u>635 Hallib Prem Plus</u>			
<u>11</u>	<u>8-5/8</u>		<u>2808</u>		<u>1000 Prem Plus</u>			
<u>7-7/8</u>	<u>5-1/2</u>		<u>6696</u>		<u>515 Prem Plus</u>			
					<u>DV Tool at 4021'</u>			
					<u>335 Prem Plus</u>			

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 Tank <u>11-15-92</u>	Date of Test <u>12-3-92</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pumping</u>	
Length of Test <u>24 hrs</u>	Tubing Pressure <u>-</u>	Casing Pressure	Choke Size <u>-</u>
Actual Prod. During Test	Oil - Bbls. <u>3</u>	Water - Bbls. <u>129</u>	Gas- MCF <u>0</u>

GAS WELL

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

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation
Division have been complied with and that the information given above
is true and complete to the best of my knowledge and belief.

Betty Gildon
Signature
Betty Gildon, Regulatory Analyst

Printed Name
1/15/93 915/686-3714 Title

Date
1/15/93 Telephone No.

OIL CONSERVATION DIVISION

Date Approved MAR 10 1993

By ORIGINAL SIGNED BY
MIKE WILLIAMS
SUPERVISOR, DISTRICT II

Title

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.