

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

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

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

Operator
Robert N. Enfield

Address
P. O. Box 2431, Santa Fe, New Mexico 87504-2431

Reason(s) for filing (Check proper box) Other (Please explain)

New Well Change in Transporter of: Oil Dry Gas
 Recompletion Casinghead Gas Condensate
 Change in Ownership

If change of ownership give name and address of previous owner _____

I. DESCRIPTION OF WELL AND LEASE

Lease Name Carson Federal	Well No. 1	Pool Name, including Formation Carson-Atoka Gas Pool	Kind of Lease State, Federal or Fee Federal State, Federal or Fee Federal	Lease No. NM-15895
Location				
Unit Letter L	: 1980 Feet From The South Line and 990 Feet From The West			
Line of Section 3	Township 9 South	Range 31 East	, NMPM, Chaves County	

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Navajo Crude Oil Purchasing Co.	Address (Give address to which approved copy of this form is to be sent) P. O. Drawer 175, Artesia, NM 88210
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Sunshine Energy Company	Address (Give address to which approved copy of this form is to be sent) 8150 N. Central Expressway, Suite 645, Dallas, TX 75206
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	L 3 9S 31E Yes 1/6/87

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

III. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
			X					
Date Spudded 8/17/85	Date Compl. Ready to Prod. 10/30/85	Total Depth 10783'	P.B.T.D. 9586'					
Elevations (DF, RKB, RT, GR, etc.) 4277.5 GR	Name of Producing Formation Atoka	Top Oil/Gas Pay 9426'	Tubing Depth 9351'					
Perforations 9403' - 9426' (.40") 14 holes						Depth Casing Shoe 9670'		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17-1/2"	13-3/8"	487'	470 sx "C"					
12-1/4"	8-5/8"	3500'	1230 PL "H"; 230 "C"					
7-7/8"	4-1/2"	9670.20'	761 PL; 365 "H"					

IV. 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)

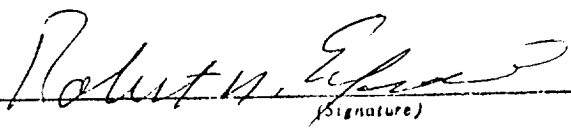
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
		Casing Pressure	Choke Size
Length of Test	Tubing Pressure	Water-Bbls.	Gas-MCF
Actual Prod. During Test	Oil-Bbls.		

GAS WELL

Actual Prod. Test-MCF/D 314	Length of Test 4 hrs.	Bbls. Condensate/MMCF 0	Gravity of Condensate unknown
Testing Method (pitot, back pr.) Multi-point back pressure	Tubing Pressure (shut-in) 608	Casing Pressure (shut-in) packer	Choke Size Various

V. 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.


Robert N. Enfield - Operator
(Title)

January 6, 1987
(Date)

OIL CONSERVATION COMMISSION

JAN 13 1987

APPROVED _____, 19____

BY **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.

RECEIVED
JAN 9 1937
D.C.D.
ADRS OFFICE