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 Appropriate District Office  
 DISTRICT I  
 P.O. Box 1980, Hobbs, NM 88240

State of New Mexico  
 Energy, Minerals and Natural Resources Department

Form C-104  
 Revised 1-1-89  
 See Instructions  
 at Bottom of Page

**OIL CONSERVATION DIVISION**

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

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**

Operator Robert N. Enfield		Well API No. 30-025-30551
Address P. O. Box 2431, Santa Fe, NM 87504		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	Approval to flare casinghead gas from this well must be obtained from the BUREAU OF LAND MANAGEMENT (BLM)
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 Hudson Federal	Well No. 3	Pool Name, including Formation Corbin Wolfcamp, <del>East</del> South	Kind of Lease State, Federal or Fee Federal	Lease No. LC-069276
Location Unit Letter <u>C</u> : 660 Feet From The <u>South</u> Line and 2310 Feet From The <u>East</u> Line Section 19 Township 18 South Range 33 East, 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"/> <del>Border Fuel Supply</del> <u>Permian</u>	Address (Give address to which approved copy of this form is to be sent) <del>P.O. Box 3422, Midland, TX 79702</del>			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <del>Phillips Petroleum Co.</del> <u>66 Natl. Gas</u>	Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook, Odessa, TX 79762			
If well produces oil or liquids, give location of tanks.	Unit <u>0</u>	Sec. 19	Twp. 18 S	Rge. 33 E
Is gas actually connected?		When?		
No		Approx. 10/27/89		

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 7/15/89	Date Compl. Ready to Prod. 10/19/89	Total Depth 13,630'	P.B.T.D. 11,150'					
Elevations (DF, RKB, RT, GR, etc.) 3793.7 GR	Name of Producing Formation Wolfcamp	Top Oil/Gas Pay 11,016'	Tubing Depth 10,951'					
Perforations 11,016' - 11,018' (5 SPF)    11,034' - 11,038' (5 SPF)			Depth Casing Shoe 11,948.29					
<b>TUBING, CASING AND CEMENTING RECORD</b>								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"	54.50#/ft., J-55 ST&C		340'		375 sks			
12-1/4"	36#/ft., ST&C		2920'		1100 sks			
8-3/4"	26# & 23#/ft., N-80 & S-95		11950'		1020 sks			
2-3/8"	4.7#/ft., N-80		10951'					

**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 10-19-89	Date of Test 10-19-89	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hrs.	Tubing Pressure 380	Casing Pressure Packer	Choke Size 16/64"
Actual Prod. During Test 599	Oil - Bbls. 599	Water - Bbls. -0-	Gas-MCF 617

**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.

Robert N. Enfield  
 Signature Robert N. Enfield Operator  
 Printed Name Title  
 10/23/89 505-988-2863  
 Date Telephone No.

**OIL CONSERVATION DIVISION**

Date Approved OCT 31 1989  
 By ORIGINAL SIGNED BY JERRY SEXTON  
 DISTRICT I SUPERVISOR  
 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