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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-105
Effective 1-1-65

RECEIVED BY
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O. C. D.
ARTESIA, OFFICE

I. OPERATOR
Operator: Enron Oil & Gas Company
Address: P. O. Box 2267, Midland, Texas 79702

Reason(s) for filing (Check proper box)
New Well Change in Transporter of:
Recompletion Oil Dry Gas Change operator name
Change in Ownership Casinghead Gas Condensate

If change of ownership give name and address of previous owner: BelNorth Petroleum Corporation, Box 2267, Midland, Texas 79702

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Yates B Federal</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Shugart Grayburg 4 SR-O-G</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No. <u>NM021096</u>
Location Unit Letter <u>P</u> ; <u>660</u> Feet From The <u>south</u> Line and <u>660</u> Feet From The <u>east</u>				
Line of Section <u>12</u> Township <u>18S</u> Range <u>30E</u> , NMPM, <u>Eddy</u> 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"/> <u>Navajo Pipeline Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>Drawer 159, Artesia, NM 88210</u>			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>None</u>	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>P</u>	Sec. <u>12</u>	Twp. <u>18</u>	Rge. <u>30</u>
	Is gas actually connected?		When	
	<u>No</u>			

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'v.	Diff. Res'v.
<input checked="" type="checkbox"/>								
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations							Depth Casing Shoe	
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		
						<u>Post IO-3</u>		
						<u>3-27-87</u>		
						<u>sky op</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 Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)		
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF	

GAS WELL

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

Betty Gildon
(Signature)

Betty Gildon, Regulatory Analyst

3/9/87

(Date)

OIL CONSERVATION COMMISSION

MAR 23 1987

APPROVED _____, 19____

BY Original Signed By
Mike Williams

TITLE Oil & Gas Inspector

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