

# OIL CONSERVATION DIVISION

RECEIVED

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

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

MAR - 5 1992

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

## REQUEST FOR ALLOWABLE AND AUTHORIZATION O. C. D. TO TRANSPORT OIL AND NATURAL GAS ARTESIA OFFICE

I.

Operator Enron Oil & Gas Company ✓	Well API No. 30 015 26279
Address P. O. Box 2267, Midland, Texas 79702	
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> <input type="checkbox"/> Other (Please explain) <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Transporter of: Change in Operator <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <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 Malaga 2 State Com.	Well No. 1	Pool Name, Including Formation Malaga (Strawn)	Kind of Lease State State, Federal or Fee	Lease No. L-5364
Location Unit Letter J : 2130 Feet From The south Line and 1650 Feet From The east Line Section 2 Township 24S Range 28E, NMPM, Eddy County				

## III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Enron Oil Trading & Transp Co.	Address (Give address to which approved copy of this form is to be sent) Box 1188, Houston, Texas 77251					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Llano	Address (Give address to which approved copy of this form is to be sent) 921 West Sanger, Hobbs, NM 88240					
If well produces oil or liquids, give location of tanks.	Unit J	Sec. 2	Twp. 24S	Rge. 28E	Is gas actually connected? Yes	When? 8/21/90
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
		X	X					
Date Spudded 2-7-90	Date Compl. Ready to Prod. 4-26-90		Total Depth 12,050'		P.B.T.D. 11957'			
Elevations (DF, RKB, RT, GR, etc.) 2974.4'	Name of Producing Formation Strawn		Top Oil/Gas Pay 11542		Tubing Depth 2-3/8" at 10,164'			
Perforations 11542'-11550' (Strawn)	11769-772		11826-835		Depth Casing Shoe 10531			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2	13-3/8		632		775			
12-1/4	9-5/8		2543		1550			
8-3/4	7		10531		1025			
6-1/8	4-1/2" liner		12047 TOL: 10171		260			

## 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	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 6959	Length of Test 24	Bbls. Condensate/MMCF 97	Gravity of Condensate 53.7
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 5625	Casing Pressure (Shut-in) 1800	Choke Size 20/64"

## 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.

Signature  
Betty Gildon, Regulatory Analyst  
Printed Name  
3/4/92 915/686-3714  
Date  
Telephone No.

## OIL CONSERVATION DIVISION

Date Approved  
By  
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.