

Submit 5 Copies
 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

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

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

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

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
 TO TRANSPORT OIL AND NATURAL GAS**

I. Operator: Enron Oil & Gas Company
 Well API No.: 30 025 32050
 Address: P. O. Box 2267, Midland, Texas 79702
 Reason(s) for Filing (Check proper box):
 New Well Other (Please explain) Approval to flare casinghead gas from this well must be obtained from the BUREAU OF LAND MANAGEMENT (BLM)
 Recompletion Change in Transporter of:
 Oil Dry Gas
 Change in Operator Casinghead Gas Condensate

If change of operator give name and address of previous operator: _____
THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR NOTIFY THIS OFFICE.

II. DESCRIPTION OF WELL AND LEASE

Lease Name: Hallwood 12 Federal #1
 Well No.: 1
 Pool Name, including Formation: Red Hills (Bone Spring)
 Kind of Lease: FED
 State, Federal or Lec
 Lease No.: NM 30400
 Location: Unit Letter N : 660 Feet From The south Line and 1980 Feet From The west Line
 Section 12 Township 25S Range 33E, NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate: EOTT Energy Corp
 Address (Give address to which approved copy of this form is to be sent): P. O. Box 4666, Houston, Texas 77210-4666
 Name of Authorized Transporter of Casinghead Gas or Dry Gas: Transwestern Pipeline Company
 Address (Give address to which approved copy of this form is to be sent): P. O. Box 2521, Houston, Texas 77001
 If well produces oil or liquids, give location of tanks: Unit N, Sec. 12, Twp. 25S, Rge. 33E
 Is gas actually connected? No
 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 <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v <input type="checkbox"/>	Diff Res'v <input type="checkbox"/>
Date Spudded: 7-17-93	Date Compl. Ready to Prod.: 9-22-93	Total Depth: 13,900		P.B.T.D.: 13,245				
Elevations (DF, RKB, RT, GR, etc.): 3367.8' GR	Name of Producing Formation: Bone Spring	Top Oil/Gas Pay: 12,230'		Tubing Depth: 12059 w/packer				
Perforations: 12,230-12,267 & 12,310-12,340		Depth Casing Shoe: 13,398'						

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
14-3/4	11-3/4	646	351 sx Circulated
11	8-5/8	5126	1820 sx Circulated
7-7/8	5-1/2	13398	1581 sx TOC 8508
	3-1/2	12059	-

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: 9-22-93
 Date of Test: 9-28-93
 Producing Method (Flow, pump, gas lift, etc.): Flowing
 Length of Test: 24 hours
 Tubing Pressure: 30
 Casing Pressure: 0
 Choke Size: 40/64
 Actual Prod. During Test: Oil - Bbls. 65
 Water - Bbls. 1
 Gas - MCF 0

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.
 Signature: Betty Gildon
 Betty Gildon, Regulatory Analyst
 Printed Name: Betty Gildon
 Title: _____
 Date: 9/30/93
 Telephone No.: 915/686-3714

OIL CONSERVATION DIVISION

Date Approved: OCT 04 1993
 By: _____
 Orig. Signed by: Paul Kautz
 Title: Geologist

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.

10/1/93

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RECEIVED

OCT 04 1993

JOE HOBBS
OFFICE