Submit 5 Copies Appropriate District Office <u>DISTRICT 1</u> P.O. Box 1980, Hobbs, NM 88240			atural Resources Departm	Form C-104 Revised 1-1-89 See Instructions	
DISTRICT II P.O. Drawer DD, Artesia, NM \$8210	OI	P.O. 1	ATION DIVISION Box 2088	RECEIVED	
DISTRICT III 1000 Rio Brazos Rd., Arioc, NM 874	10	Santa Fe, New Mexico 87504-2088		DEC 2 4 1992	
I.	REQUES		ABLE AND AUTHORIZA	Q. C. D.	
Openior Energy Development	Corporation	1		Well Artrid 30-005- 60597	
Address			77000		
1000 Louisiana, Su Reason(s) for Filing (Check proper box		Jusion, Texas	77002 Other (Please explain)		
New Well	Chan	ge in Transporter of:			
Recompletion	Oil Casinghead Gas	Dry Gas			
If change of operator give name and address of previous operator					
IL DESCRIPTION OF WEL	L AND LEASE		<u> </u>	***************************************	
Lease Name	Well			Kind of Lease Lease No.	
TLSAU Location	14		s San Andres Assoc.	State, Federal or Fee Fee	
Unit Letter N		O Feet From The	South Line and 1650	West Line	
Section 30 Town	hin 85	Range		Chaves	
	•••• P		, lutir M,	County	
III. DESIGNATION OF TRA Name of Authorized Transporter of Oil		OIL AND NATU		approved copy of this form is to be sent)	
Enron Oil Tradir	ig & Transpo	rtation Co.	P.O. Box 10607 Mic	dland, Texas 79702	
Name of Authorized Transporter of Cas <u>Trident NGL</u> , Inc.	inghead Gas 🔣] or Dry Gas	Address (Give address to which a	approved copy of this form is to be sens) 11 Rd. The Woodlands, Tx 77380	
If well produces oil or liquids,	Unit Sec.		Ingresorially connected?	When ?	
ive location of tanks. I this production is commingled with the	<u>N 31</u>	<u>85 29E</u>	Yes	02-88	
V. COMPLETION DATA	a nom any other seas	e or pool, give comming	ung-order number:		
Designate Type of Completion		Vell Gas Well	-New Well Workover D	beepea Plug Back Same Res'v Diff Res'v	
Date Spudded	Date Compl. Read	ly to Prod.	Total Depth	PB.T.D.	
Devations (DF, RKB, RT, GR, etc.)	Name of Producin	e Formation	Top Oil/Gas Pay		
				Tubing Depth	
erforations				Depth Casing Shoe	
	TUBIN	G, CASING AND	CEMENTING RECORD		
HOLE SIZE	CASING 8	TUBING SIZE	DEPTH SET	SACKS CEMENT	
. TEST DATA AND REQUE			I		
IL WELL (Test must be after the First New Oil Run To Tank	recovery of total volu Date of Test	me of load oil and must	be equal to or exceed top allowable Producing Method (Flow, premp, g	e for this depth or be for full 24 hours.)	
	Late of Tex		Troubling Meanor (From, pump, p	us 191, ex. j	
ength of Test	Tubing Pressure		Casing Pressure	Choke Size	
ctual Prod. During Test	Oil - Bbls.		Water - Bbls.	Gas- MCF	
			<u> </u>]	
Ctual Prod. Test - MCF/D	Length of Test		Bols. Condensate/MMCF	Gravity of Condensate	
				Chavity of Condentatie	
sting Method (pitot, back pr.)	Tubing Pressure (S	but-ma)	Casing Pressure (Shut-in)	Choke Size	
L OPERATOR CERTIFIC	LATE OF CON	IPLIANCE			
I bereby 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.			OIL CONSERVATION DIVISION Date Approved		
					1 P
Signature Lindon			ByORIGINAL SIGNED BY		
Gene Linton S Printed Name	r. Productio	on Analyst Tale	ll Su	PERVISOR, DISTRICT I	
10-1-92	and the second	-7563	Title		
Date March 1991 - The second state of the second	T	elephone No.			

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.

All sections of this form must be filled out for allowable on new and recompleted wells.
 Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
 Separate Form C-104 must be filed for each pool in multiply completed wells.