

OIL CONSERVATION DIVISION

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

RECEIVED

AUG 26 1991

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

O. C. D.  
ARTESIA, OFFICE

I.

Operator Energy Development Corporation	Well API No. 30-005-62845
Address 1000 Louisiana, Suite 2900, Houston, Texas 77002	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
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 TLAU	Well No. 123	Pool Name, Including Formation Twin Lakes San Andres Assoc.	Kind of Lease State, Federal or Fee	Lease No. Fee
Location				
Unit Letter F	: 2237	Feet From The North	Line and 1679	Feet From The West
Section 31	Township 8 South	Range 29 East	NMPM, Chaves	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"/> Enron Trading & Transportation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 10607 Midland, Texas 79702
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Energy Development Corporation	Address (Give address to which approved copy of this form is to be sent) 1000 Louisiana, Suite 2900, Hous., TX 77002
If well produces oil or liquids, give location of tanks.	Unit   Sec.   Twp.   Rge.   Is gas actually connected?   When ?
N   31   85   29E   Yes	02-88

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 4-23-91	Date Compl. Ready to Prod. 5-15-91	Total Depth 3100'	P.B.T.D. 3011'					
Elevations (DF, RKB, RT, GR, etc.) 3585.1 GR	Name of Producing Formation T.L.S.A. Assoc.	Top Oil/Gas Pay 2684'	Tubing Depth 2770					
Perforations 2684-89', 2691-2701', 2703-2710', 2716-24', 2754-61'			Depth Casing Shoe					
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12 1/4"	8 5/8"	561'	345 Post ID-2					
7 7/8"	5 1/2"	3096'	1015 9-6-91 comp & BR					

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 5-16-91	Date of Test 5-23-91	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 Hrs.	Tubing Pressure	Casing Pressure	Choke Size N.A.
Actual Prod. During Test	Oil - Bbls. 7	Water - Bbls. 190	Gas- MCF TSTM

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  
Gene Linton Sr. Prod. Analyst  
Printed Name  
8-1-91 713-750-7563  
Date  
Telephone No.

OIL CONSERVATION DIVISION

Date Approved  
AUG 30 1991

By  
ORIGINAL SIGNED BY  
MIKE WILLIAMS  
Title  
SUPERVISOR, DISTRICT II

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.