a:	me. Of topics neceived									
	DISTRIBUTION SANTA FE	EXICO OIL	XICO OIL CONSERVATION COMMISSION Form C-104 REQUEST FOR ALLOWABLE Supersedes Old C-104 and C							
	U.S.G.S.	AUTHORIZATI	AND Supersedes Old C-104 an Ellective 1-1-65 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS							
	TRANSPORTEL OIL			CEIVED		l KATOK.	AL GAS			
1.	OPERATOR PRORATION OFFICE			MAR 24 1987						
	Enron Oil & Gas Company		O. C. D. Artesia, office				-			
	P. O. Box 2267, Midl	and, Texas 79702			•					
	Reason(s) for filing (Check proper b) New Well Recompletion Change in Ownership	Change in Transport Oil Casinghead Gas	Dry (Gas	1	ease explain) nge Opera	tor Name	. pt	A	
	If change of ownership give name and address of previous owner	Franklin, Aston & Belco Developmen	Fair, I	Box 2	267. Mi	dland T	'Avac 707			
II.	DESCRIPTION OF WELL AND			, DON L	207, 111	-uranu, 1		, :	<u> </u>	
	McIntyre A	Well No. Pool Name			- ଦୁ-ର- ଓ	Kind of L State, Fe		Federal	Ledse No	
	Unit Letter P :	990 Feet From The S						east	_J	
		ownship 17S	Range	30E	-	reet r	Eddy			
III.	DESIGNATION OF TRANSPOI	RTER OF OIL AND NAT	TURAL G	AS		· · · · ·	· · · · ·		County	
	N/A	il or Condensate [⊃	Address (Give addre	ss to which ap	proved copy o	of this form is	io be sent)	
	Name of Authorized Transporter of C N/A	asinghead Gas or Dry	Gas	Address (Give addre:	ss to which ap	proved copy o	of this form is	to be sens)	
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp.	P.ge.	ls gas act	ually conne	ected?	When P&A 6	/9/70	· · · · · · · · · · · · · · · · · · ·	
IV.	If this production is commingled w COMPLETION DATA	ith that from any other lea	se or pool,			der number:			,	
	Designate Type of Completion - (X)									
	Date Spudded	Date Compl. Ready to Proc	i.	Total Dept	th .		P.B.T.C).		
	Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Format	iển	Top Oil/G	as Pay		Tubing I	Depth		
ŀ	Perforations	<u> </u>	 .	<u> </u>	-		Depth C	asing Shoe		
ŀ	TUBING, CASING, AN				ING RECO	ORD				
ŀ	HOLE SIZE	CASING & TUBING			DEPTH		Pe	SACKS CEM	ENT	
F							1.2		2	
t							-	chy op		
V. 7	TEST DATA AND REQUEST F	OR ALLOWABLE (Tes	t must be a for this de	fter recovery	of total vo full 24 hou	lume of load o	il and must b	e equal to or e	xceed top allow	
	Date First New Oil Run To Tanks	Date of Tost		Producing	Method (File	ow, pump, gas	lift, etc.)	•		
	Length of Test	Tubing Pressure		Casing Pre	sowe		Choke Si		•	
	Actual Prod. During Test	Oil-Bbla.		Water - Bble			Gas - MC			
_	DAG NIDY V	J					l	· ·-· · · · · · · · · · · · · · · · · ·		
_	GAS WELL Actual Prod. Test-MCF/D	Length of Test		Bbls. Cond	enagte/MM	CF	Gravity o	f Condensate		
}	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pres	ваше (Бри	t-in)	Choke Si			
I. C	ERTIFICATE OF COMPLIANC	CE CE			OIL	CONSERV	ATION CO	OMMISSION		
I hereby certify that the rules and regulations of the Oil Conservation				APPROV	M	AR 2 3 1	and the second second second	, ·		
at	ommission have been complied w bove is true and complete to the	on given d belief.	Original Signed By Mike Williams							
	. (TITLE Oil & Gas Inspector					
_	Burn Sill		This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or despense.							
	(Signature) Betty Gildon, Regulatory Analyst				well, this form must be accompanied by a labulation of the deviation tests taken on the well in accordance with RULE 111.					
(Title) 3/9/87-				All sections of this form must be filled out completely for ellowable on new and recompleted wells.						
(Date)					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.					