 Submit 5 Copies			State of New			ECE	VED	Form C-104 Review 1-1-89	
Appropriate District Office DISTRICT 1	Ent	Minera	als and Natura	i Resources	Department			See Instructions A at Bettom of Page	
P.O. Box 1980, Hobbs, NM 88240	ОП	L CON	SERVAT P.O. Box		VISION		2 1992		
P.O. Drawer DD, Artesia, NM 88210		Santa F	e, New Mex	ico 87504	-2088	O.C	DEFICE		
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 I. TO TRANSPORT OIL AND NATURAL GAS									
I. Operator						Well API			
Enron Oil & Gas Compan	ıy					30 0	15 26969		
Address P. O. Box 2267, Midlar	nd, Texas	79702							
Reason(s) for Filing (Check proper box)		nge in Trans	monter of	Other	(Please explain	<i>v</i>			
New Well	Oil								
Change in Operator	Casinghead Gas	s 🗌 Con	densate						
If change of operator give name and address of previous operator		. <u> </u>		11					
II. DESCRIPTION OF WELL A	ND LEASE		bedar -	Lake		Kind of	Lease	Lease No.	
Lease Name Cedar Lake 35 Federal			Name, Including		W	-	derai or Fee	NM 0384576	
Location								Eact	
Unit LetterB	. 1240'	Feel	From The <u>No</u>	orth_Line	and <u>198(</u>	J. Feet	From The	East Line	
Section 35 Township	17S	Ran	ge <u>30E</u>	, NM	IPM,	Eddy		County	
EOTT Energy Operating LP	DODTED (FOIL A	ND NATUR	AL GAS		_	_		
EOTT Energy Operating APSPORTER OF OIL AND NATURAL GAS III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authonized Frankporter of Oil or Condensate Address (Give address to which appr						ch approved c	opy of this form	n is to be sent)	
Encon Off Trading & Transporter of Casinghead Gas of Enckgor (Gre Address (Give address to which a						HOUSCOI	ouston, Texas 77251-1188 approved copy of this form is to be sent)		
Name of Authonized Transporter of Casingr Chevron Pipeline Co.	Effective 1 1 02			P. O. Box 1150, Midland			l, Texas	79701	
If well produces oil or liquids,	Unit Sec. Twp. Sec. Is gas actually connected? B 35 17S 30E Yes					When ? 6-10-92			
give location of tanks. If this production is commingled with that fu			here and here						
IV. COMPLETION DATA					Workover	Deepen	Plug Back S	ame Res'v Diff Res'v	
Designate Type of Completion -		il Well	Gas Well	New Well X	WORKOVEI				
Date Spudded	Date Compl. R		d.	Total Depth	2 500		р.в.т.д. 12,09	5	
3-29-92 Elevations (DF, RKB, RT, GR, etc.)	6-06 Name of Produ		tion				Tubing Depth		
3548.1' GR	Morrow			11,188			10,834 Depth Casing Shoe		
Perforations 12,500									
11,100_11,204 2000	TUBING, CASING AND C			EMENTING RECORD			SACKS CEMENT		
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET 626			525 Port ID-2		
<u>17-1/2</u> 11	8-5/8			4506			2200 1035	<u>9-11-92</u>	
7-7/8	5-1/2 2-7/8 tubing				<u>12500</u> 10834			comp t lat	
V. TEST DATA AND REQUES	T FOR AL	LOWAR	LE	· · · · · · · · · · · · · · · · · · ·			1	- 6.11 24 hours	
OIL WELL (Test must be after r	ecovery of total	volume of l	oad oil and must	be equal to of Producing M	ethod (Flow, pu	imp, gas lift, e	tc.)		
Date First New Oil Run To Tank	Date of Test						Choke Size		
Length of Test	Tubing Pressure			Casing Press	Casing Pressure				
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.		Gas- MCF			
GAS WELL	/			Bbls. Conde	nsate/witter		Gravity of C	ondensate	
Actual Prod. Test - MCF/D 6-11-92	Length of Test 24			104			55.0 Choke Size		
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in) C			Casing Pres	Casing Pressure (Shut-in)		14/64		
Back Pressure	3500 100								
VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation					OIL CONSERVATION DIVISION				
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					Date Approved AU6 2 8 1992				
D. Vi		دم							
Simality Aller and				By_	By ORIGINAL SIGNED BY MIKE WELEAS S				
Signature Betty Gildon, Regulatory Analyst					TitleSUPERVISOR, DISTRICT IS				
Printed Name 6/12/92	91	5/686-	3714		• · · · · • • • • • • • • • • • • • • •	المتعادية المتعادية المتعادية	an an ag ing ing ing a line of the second	The office of the particular	
Date		Iciept	one 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.

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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.