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	DISTRIBUTION	NEW MEXICO OIL CO	ONSERVATION COMMISSION	Porm C. 104
	SANTA FE		FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-1;
	FILE	KEQUEST I	AND	Effective 1-1-65
	u.s.g.s.	411THOOLT 4 TION TO TO 4		4
	LAND OFFICE	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL O	iAS
		RECEIVED BY	1	
	TRANSPORTER OIL	ICACEIVED BI	1	
	GAS	\		
	OPERATOR /	JUL 1 3 1987		\
1.	PRORATION OFFICE	JUL 10 1001		
	Operator	O. C. D.		
	Enron Oil & Gas Compa			
	Address			
	P. O. Box 2267, Midland, Texas 79702			
	Reason(s) for filing (Check proper box)	ind, Texas 77702	Other (Please explain)	
			Other (7 tease explain)	,
	New We!1	Change in Transporter of:		• •
	Recompletion X	OII Dry Ga:		.
	Change in Ownership	Casinghead Gas Conden	sate	#
	If change of ownership give name and address of previous owner		÷	
	and address of previous owner			
TT	DESCRIPTION OF WELL AND	TACT		•
44.	Lease Name	Well No. Pool Name, Including Fo	ormation Kind of Lease	Lease No.
Roche Federal 2 North Shugart Bone Spring State, Federal or Fee Federal				i -
				1000101
	Unit Letter J : 1980 Feet From The South Line and 1980 Feet From The east			
7 100 01B B11				1
	Line of Section 7 Tow	nship 18S Range	31E , _{NMPM} , Ed	dy County
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS				
Name of Authorized Transporter of Oil X or Condensate Address (Give address to which approved copy of				ved copy of this form is to be sent)
•	Navajo Pipeline Compa	anv	Drawer 159, Artesia, NM	88210
	Name of Authorized Transporter of Cas		Address (Give address to which approx	
	Transwestern Pipeline		P. O. Box 1188, Houston	
	Transwestern Tiperine	Unit Sec. Twp. Rge.	Is gas actually connected? Whe	
	If well produces oil or liquids,	, , ,	1 1	7/8/87
	give location of tanks.	; J ; 7 ; 18 ; 31	Yes	7/0/07
	If this production is commingled wit	h that from any other lease or pool,	give commingling order number:	•
IV.	COMPLETION DATA			
	Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res'v			
٠	Designate Type of Completio	n = (X) X		X
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	6/1/87	6/2/87	1.2027	8410
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Tubing Depth
	3617.3' GR	Bone Spring	Top Oll/Gas Pay 8275	8351
		Boile spring	1 0273	Depth Casing Shoe
	Periotations			
	0275			
			CEMENTING RECORD	
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	17-1/2	13-3/8	654	800
	12-1/4	9-5/8	4588	2650 w/DV tool at 1702
•	8-1/2	5-1/2	12042	700
		2-3/8" tubing	8351	
•.	mnom nama asin nnosinom no			and must be equal to or exceed top allow-
v.	TEST DATA AND REQUEST FO	ALLUHADLE (Lest must be a) able for this de	pth or be for full 24 hours)	Pat ID-2
	OIL WELL Date First New Oil Run To Tanks.	Date of Test	Producing Method (Flow, pump, gas li	
	6/5/87	7/9/87	Pumping	1-24-87 cemp. BS
		Tubing Pressure	Casing Pressure	Choke Size
	Length of Test	repurfusesma		
	24 hours		Water - Bbls.	Gas - MCF
	Actual Prod. During Test	Oil-Bbls.	water - Bbis.	
	201 bbls	201	1 4	
	GAS WELL			
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
			1	
_			OIL CONSERVA	ATION COMMISSION
VI.	CERTIFICATE OF COMPLIANCE		1}	•
	I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		APPROVED JUL 2 4 1987 19	
			BY Original Signed By Les A. Clements	
	\cap		TITLE Supervisor District 11	
			Supervisor District 13	
	\mathcal{O} \mathcal{O} \mathcal{O}		This form is to be filed in compliance with RULE 1104.	
	Ditty Maon		If this is a request for allowable for a nawly drilled or despened well, this form must be accompanied by a tabulation of the deviation	
	Betty Gildon, Regulatory Analyst (Title) July 9, 1987 (Date)		well, this form must be accompanied by a tasonation of the development tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allowable on new and recompleted wells. 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	