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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED
Form C-104
Effective 1-1-65

JUN 20 '88

O. C. D.
ARTESIA, OFFICE

I.

Operator Enron Oil & Gas Company	
Address P. O. Box 2267, Midland, Texas 79702	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Other (Please explain) CASINGHEAD GAS MUST NOT BE FLARED AFTER 8/21/88 UNLESS AN EXCEPTION FROM THE B. L. M. IS OBTAINED	
If change of ownership give name and address of previous owner	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Allied 7 Federal	Well No. 1	Pool Name, Including Formation Shugart, North Bone Spring	Kind of Lease State, Federal or Fee Federal	Lease No. NM 68039
Location Unit Letter G : 1980 Feet From The north Line and 1980 Feet From The east Line of Section 7 Township 18S Range 31E , NMPM, Eddy 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"/> Navajo Pipeline Company	Address (Give address to which approved copy of this form is to be sent) Drawer 159, Artesia, NM 88210
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> None	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When G 7 18S 31E No

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 4-25-88	Date Compl. Ready to Prod. 6-5-88	Total Depth 9215'	P.B.T.D. 9120'					
Elevations (DF, RKB, RT, GR, etc.) 3633.4' GR	Name of Producing Formation Bone Spring	Top Oil/Gas Pay 8132'	Tubing Depth 8050'					
Perforations 8132-8310			Depth Casing Shoe					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	11-3/4"	637'	600 RFC & 300 CT C
11"	8-5/8"	2495'	400 Poz & 150 CT C
7-7/8"	5-1/2"	9215'	1230 Poz & 350 CT H
-	2-7/8" Tubing	8050'	-

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 Tanks 6-7-88	Date of Test 6-9-88	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hours	Tubing Pressure 100	Casing Pressure Sealed	Choke Size 24/64"
Actual Prod. During Test	Oil-Bbls. 259	Water-Bbls. 33	Gas-MCF 163

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. CERTIFICATE OF COMPLIANCE

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.

Betty Gildon
(Signature)
Regulatory Analyst

June 17, 1988
(Date)

OIL CONSERVATION COMMISSION

APPROVED JUL 27 1988
BY Original Signed By
Mike Williams
TITLE

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation 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 multiple