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LAND OFFICE	
TRANSPORTER	OIL ✓ GAS
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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-1
Effective 1-1-65

I. OPERATOR

Operator: Enron Oil & Gas Company

Address: P. O. Box 2267, Midland, Texas 79702

Reason(s) for filing (Check proper box):
 New Well Change in Transporter of:
 Recompletion Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate

Other (Please explain): ARTESIA - NOT BE

RECEIVED

AUG 22 '88

O. C. D.

If change of ownership give name and address of previous owner: _____

CASINGHEAD GAS MUST NOT BE

FLARED AFTER 11/2/88

UNLESS AN EXCEPTION FROM

THE B. I. M. IS OBTAINED

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Sand 7 Federal</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Shugart, North Bone Spring</u>	State, Federal or Fee <u>Federal</u>	Lease No. <u>NM 33437A</u>
Location Unit Letter <u>K</u> ; <u>1980</u> Feet From The <u>south</u> Line and <u>2121</u> Feet From The <u>west</u> Line of Section <u>7</u> Township <u>18S</u> Range <u>31E</u> , NMPM, <u>Eddy</u> 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"/> <u>Navajo Pipeline Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>Drawer 159, Artesia, NM 88210</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>None</u>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks. <u>K</u>	Unit <u>7</u> Sec. <u>18S</u> Twp. <u>31E</u> Rge. <u>31E</u>
Is gas actually connected? <u>No</u>	When

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'tv.	Diff. Res'tv.
Date Spudded <u>6-20-88</u>	Date Compl. Ready to Prod. <u>7-23-88</u>	Total Depth <u>8635'</u>	P.B.T.D. <u>8539'</u>					
Elevations (DF, RKB, RT, GR, etc.) <u>3605.5' GR</u>	Name of Producing Formation <u>Bone Spring</u>	Top Oil/Gas Pay <u>8294</u>	Tubing Depth <u>7932' 7927</u>					
Perforations <u>8294' - 8356'</u>	Depth Casing Shoe <u>8635'</u>							

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>17-1/2"</u>	<u>11-3/4"</u>	<u>640'</u>	<u>650 RFC & 300 C1 C</u>
<u>11"</u>	<u>8-5/8"</u>	<u>2510'</u>	<u>450 Poz & 200 C1 C</u>
<u>7-7/8"</u>	<u>5-1/2"</u>	<u>8635'</u>	<u>1200 Poz & 350 C1 H</u>
	<u>2-7/8" Tubing</u>	<u>7932'</u>	

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 <u>8-17-88</u>	Date of Test <u>8-18-88</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pumping (2-1/2" x 1-1/2" x 20' RHBC)</u>	
Length of Test <u>24 hours</u>	Tubing Pressure <u>-</u>	Casing Pressure <u>SICP 550#</u>	Choke Size <u>- Post ID-2</u>
Actual Prod. During Test	Oil-Bbls. <u>86</u>	Water-Bbls. <u>30</u>	Gas-MCF <u>155 comp + BK</u>

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

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 Betty Gildon
(Signature)
Regulatory Analyst
(Title)
8/19/88
(Date)

OIL CONSERVATION COMMISSION
APPROVED AUG 31 1988
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 multipl: