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	SANTA FE	<del>./</del> -			ONSERVATION COMMISSION		Form C-104	
	FILE	1/ 1	REQUEST	FOR ALLOWABLE			Old C-104 and C-1	
	u.s.g.s.	<u> </u>	1117117171717171717171717171717171717171	AND		Effective 1-1	-62	
	LAND OFFICE	_+	AUTHORIZATION TO TR	ANSPORT OIL AND	NATURAL GA	\$		
	TRANSPORTER OIL		-			OCT 11 1988	}	
	OPERATOR GAS	<u> </u>	_{			(O. C. D)		
	PRORATION OFFICE		1			WREESMA, COPIC	<b>E</b>	
••	Operator				<del></del>	· · · · · · · · · · · · · · · · · · ·		
	Enron Oil & Gas Company ✓							
	Address D. O. D. COCT. Middle J. J. J. 70700							
	P. O. Box 2267, M							
	Reason(s) for filing (Check pro	per box	)	Other (Please	explain)			
	New Weil		Change in Transporter of:	_				
	Recompletion Oil Dry Gas							
	Change in Ownership Casinghead Gas Condensate							
	If change of ownership give name and address of previous owner							
II.	DESCRIPTION OF WELL AND LEASE.							
	Lease Name	<del></del>	Well No. Pool Name, Including F		Kind of Lease	F : 3	NM 68039	
	Allied 7 Federal		2 Shugart, Nor	th Bone Spring	State, Federal or	<sub>Fee</sub> Federal	NM 68039	
	Location							
	Unit Letter A ; 660 Feet From The NOrth Line and 760 Feet From The east							
	Line of Section 7	Tov	vnship 18S Range	31E , NMPM	, Eddy		County	
III.	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Oil (V) or Condensate Address (Give address to which approved copy of this form is to be sent							
	i		Address (Give address to which approved copy of this form is to be sent)					
	Navajo Pipeline Company  Name of Authorized Transporter of Casinghead Gas [X] or Dry Gas			Drawer 159, Artesia, NM 88210				
	Conoco Inc.			Address (Give address to which approved copy of this form is to be sent) 1214 N. Eastside Dr, Wichita Falls, TX 76304				
		Unit Sec. Twp. P.ge.	<del></del>	Is gas actually connected? When				
give location of tanks.  A 17 18S 31E Yes					,	10/6/88		
	f this production is commingled with that from any other lease or pool, give commingling order number:							
IV.	COMPLETION DATA		Oil Well Gas Well	New Well Workover	Deepen F	lug Back   Same Re	s'v. Diff. Res'v	
	Designate Type of Com	pletio	on = (X)		1 1			
	Date Spudded		Date Compl. Ready to Prod.	Total Depth	F	P.B.T.D.		
	Elevations (DF, RKB, RT, GR,	etc.j	Name of Producing Formation	Top Oil/Gas Pay	r	ubing Depth		
	Perforations			1		Depth Casing Shoe		
					septin Custing Shoe			
	TUBING, CASING, AN			CEMENTING RECORD				
	HOLE SIZE		CASING & TUBING SIZE	DEPTH SE	T	SACKS CE	MENT	
	·····					Port FO-	3	
						10-14-8	8	
						indd GT:	COH	
v.	FEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable)							
	OIL WELL able for this de			pth or be for full 24 hours.	)		, =::-	
	Date First New Oil Run To Tank	<b>( 5</b>	Date of Test	Producing Method (Flow	, pump, gas lift, e	tc.)	•	
	Length of Test		Tubing Pressure	Casing Pressure	10	hoke Size		
			•				r	
	Actual Prod. During Test		Oil-Bbls.	Water - Bbls.	G	as • MCF		
1		·						
_	GAS WELL							
ſ	Actual Prod. Test-MCF/D		Length of Test	Bbls. Condensate/MMCF		Gravity of Condensate		
			The Paris of the P	0-10-5	4			
	Testing Method (pitot, back pr.)		Tubing Pressure (Shut-in)	Casing Pressure (Shut-	12) C	hoke Size		
VI.	CERTIFICATE OF COMPLIANCE			OIL CONSERVATION COMMISSION				
				00T 4 6 4000				
1	hereby certify that the rules	gulations of the Oil Conservation	APPROVED 0CT 1 2 1308 . 19					
(	Commission have been completed to the complete	ith and that the information given best of my knowledge and belief.	By Original Signed By					

This form is to be filed in compliance with RULE 1104.

Mike Williams

TITLE .

Betty Gildon, Regulatory Analyst

10/7/88

(Title)

(Date)

If this is a request for allowable for a newly drilled or despense, 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 allow able 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