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

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

NOV 15 '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)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Casinghead Gas MUST NOT BE 2/5/89
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of ownership give name and address of previous owner	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Allied 7 Federal	Well No. 3	Pool Name, Including Formation Shugart, North Bone Spring	Kind of Lease State, Federal or Fee Federal	Lease No. NM 68039
Location				
Unit Letter B	660	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"/> Conoco Inc.	Address (Give address to which approved copy of this form is to be sent) 1214 N. Eastside Dr, Wichita Falls, TX 76304					
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 7	Twp. 18S	Rge. 31E	Is gas actually connected? No	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 <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 7/15/88	Date Compl. Ready to Prod. 10/23/88		Total Depth 8550'		P.B.T.D. 8455'			
Elevations (DF, RKB, RT, GR, etc.) 3654.3' GR	Name of Producing Formation Bone Spring		Top Oil/Gas Pay 8247'		Tubing Depth 8338'			
Perforations 8247 - 8324					Depth Casing Shoe 8550'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"	11-3/4"		638'		650 C1 A & 300 C1 C			
11"	8-5/8"		2516'		450 35/65 PozA&200 C1 C			
7-7/8"	5-1/2"		8550'		1200 35/65 pozH&350 C1 H			
	2-7/8" Tubing		8338'					

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 11/7/88	Date of Test 11/10/88	Producing Method (Flow, pump, gas lift, etc.) Pumping (2-1/2" x 1-1/2" x 20' RHBC)	
Length of Test 24 hours	Tubing Pressure -	Casing Pressure -	Choke Size -
Actual Prod. During Test	Oil-Bbls. 103	Water-Bbls. 15	Gas-MCF 94

- Post FD-2
12-30-88
comp + BK

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
(Signature)

Betty Gildon, Regulatory Analyst
(Title)

11/14/88
(Date)

OIL CONSERVATION COMMISSION

APPROVED DEC 6 1988, 19

BY Original Signed By
Arlene 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