

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico
Energy, Minerals and Natural Resources Department

RECEIVED Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

NOV 17 '89

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

O. C. D.

ARTESIA, OFFICE

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Enron Oil & Gas Company	Well API No. 30 015 25973
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: Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator	

CASINGHEAD GAS MUST NOT BE
FLARED AND 2/11/90
UNIT IS OBTAINED FROM
THE D. L. W. IS OBTAINED

II. DESCRIPTION OF WELL AND LEASE

Lease Name Allied 7 Federal	Well No. 4	Pool Name, including Formation Shugart, North Bone Spring	Kind of Lease FED State, Federal or Fee	Lease No. NM68039
Location Unit Letter H : 1980 Feet From The north Line and 660 Feet From The east Line 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"/> Enron Oil Trading & Transp Co	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1188, Houston, Texas 77251-1188
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 H 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 8-17-89	Date Compl. Ready to Prod. 10-26-89	Total Depth 8600'	P.B.T.D. 8458'					
Elevations (DF, RKB, RT, GR, etc.) 3645.3' GR	Name of Producing Formation Bone Spring	Top Oil/Gas Pay 7728'	Tubing Depth 2-7/8" @ 831.7'					
Perforations 7728' to 8380'	Depth Casing Shoe 8594'							
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17-1/2"	11-3/4"	467'	5275 sacks Part ID-2					
11"	8-5/8"	2501'	775 sacks 12-15-89					
7-7/8"	5-1/2"	8594'	1300 sacks camp + R1					
	2-7/8" tubing	8317'						

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 Tank 10-16-89	Date of Test 11-1-89	Producing Method (Flow, pump, gas lift, etc.) pumping	
Length of Test 24 hours	Tubing Pressure -	Casing Pressure -	Choke Size -
Actual Prod. During Test	Oil - Bbls. 165	Water - Bbls. 55	Gas - MCF 140

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division 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

Printed Name
11/16/89 (915) 686-3714

Date
Telephone No.

OIL CONSERVATION DIVISION

Date Approved DEC 11 1989

By ORIGINAL SIGNED BY

MIKE WILLIAMS
SUPERVISOR, DISTRICT II

Title

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.