

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

RE 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

JAN - 8 '90

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

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

O. C.  
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator Enron Oil & Gas Company		Well API No. Unknown
Address P. O. Box 2267, Midland, Texas 79702		
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> Other (Please explain) Recompletion <input type="checkbox"/> Change in Transporter of: Change in Operator <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <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 AT ANY TIME  
UNLESS AN EXCEPTION FROM  
THE B. L. M. IS OBTAINED

II. DESCRIPTION OF WELL AND LEASE

Lease Name Roche Federal	Well No. 4	Pool Name, Including Formation Shugart, North Bone Spring	Kind of Lease State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Fee	Lease No. NM 33437-A
Location Unit Letter I : 2150 Feet From The south 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 & Transportation Co.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1188, Houston, Texas 77251	
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 I	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 X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 11-3-89	Date Compl. Ready to Prod. 12-18-89		Total Depth 8630'		P.B.T.D. 8516'			
Elevations (DF, RKB, RT, GR, etc.) 3640.9' GR	Name of Producing Formation Bone Spring		Top Oil/Gas Pay 8340'		Tubing Depth 2-7/8" @ 8194'			
Perforations 8340'-8396'					Depth Casing Shoe 8630'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"	11-3/4"		650'		950 Circulated			
11"	8-5/8"		2484'		855 Circulated			
7-7/8"	5-1/2"		8630'		1500 sx			
	2-7/8" tubing		8194'					

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 12-18-89	Date of Test 12-23-89	Producing Method (Flow, pump, gas lift, etc.) Pumping		Post ID-2 1-26-90
Length of Test 24 hr	Tubing Pressure -	Casing Pressure -	Choke Size -	comp + BK
Actual Prod. During Test	Oil - Bbls. 132	Water - Bbls. 29	Gas - MCF 130	

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. 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.

Signature  
Betty Gildon, Regulatory Analyst  
Printed Name  
1/5/90 (915) 686-3714 Title  
Date  
Telephone No.

OIL CONSERVATION DIVISION

JAN 23 1990

Date Approved  
By ORIGINAL SIGNED BY  
Title SUPERVISOR, DISTRICT II

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.