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

State of New Mexico
Energy, Minerals and Natural Resources Department

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

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

OIL CONSERVATION DIVISION

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Enron Oil & Gas Company	Well API No. 30 015 27490
Address P. O. Box 2267, Midland, Texas 79702	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
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 checked="" type="checkbox"/>
If change of operator give name and address of previous operator	

SEP 16 1993

II. DESCRIPTION OF WELL AND LEASE

Lease Name Nelson 3 Federal	Well No. 10	Pool Name, including location Walters Lake Bone Spring	Kind of Lease FED State, Federal or Fee	Lease No. NM 01159
Location Unit Letter 0 : 660 Feet From The south Line and 1830 Feet From The east Line Section 3 Township 18S Range 30E, NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate EOTT Energy Corp	Address (Give address to which approved copy of this form is to be sent) P. O. Box 4666, Houston, TX 77210-4666					
Name of Authorized Transporter of Casinghead Gas or Dry Gas GPM Gas Corporation	Address (Give address to which approved copy of this form is to be sent) 151 Phillips Bldg., Bartlesville, OK 74004					
If well produces oil or liquids, give location of tanks.	Unit 0	Sec. 3	Twp. 18S	Rge. 30E	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 7-11-93	Date Compl. Ready to Prod. 8-22-93		Total Depth 7353		P.B.T.D. 7268			
Elevations (DF, RKB, RT, GR, etc.) 3529.6' GR	Name of Producing Formation Bone Spring		Top Oil/Gas Pay 6953		Tubing Depth 2-7/8" at 6315' 7225'			
Perforations 6953-7021 & 7079-7187					Depth Casing Shoe 5-1/2" at 7353'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
14-3/4	11-3/4		508		270 C1 C CIRCULATED			
11	8-5/8		2100		710 C1 C CIRCULATED			
7-7/8	5-1/2		7353		1000 C1 C			

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 8-20-93	Date of Test 9-13-93	Producing Method (Flow, pump, gas lift, etc.) Pumping (2-1/2" x 1-1/2" x 22' RHBC)	
Length of Test 24 hrs	Tubing Pressure 30	Casing Pressure 30	Choke Size 32/64
Actual Prod. During Test	Oil - Bbls. 11	Water - Bbls. 99	Gas - MCF 27

Post ID-2
11-19-93
Comp & BR

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (puot, 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
9/15/93
Date
915/686-3714
Telephone No.

OIL CONSERVATION DIVISION

Date Approved OCT 4 1993

By ORIGINAL SIGNED BY
MIKE WILLIAMS
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.