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OPERATOR	<input checked="" type="checkbox"/>
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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-11
Effective 1-1-65

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MAR 17 '88

Operator Enron Oil & Gas Company ✓		O. C. D.
Address P. O. Box 2267, Midland, Texas 79702		ARTESIA, OFFICE
Reason(s) for filing (Check proper box)		Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input checked="" 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 Canadian Kenwood 18 Federal	Well No. 1	Pool Name, including Formation Shugart, North Bone Spring	Kind of Lease State, Federal or Fee Federal	Lease No. NM 260
Location Unit Letter F ; 1980 Feet From The north Line and 1796 Feet From The West Line of Section 18 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	Address (Give address to which approved copy of this form is to be sent) 1214 N. East Side Drive, Wichita Falls, Texas	
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 18
	Twp. 18S	Rge. 31E
	Is gas actually connected? No	
	When 76304	

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 type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input checked="" type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 2-1-88	Date Compl. Ready to Prod. 3-10-88		Total Depth 11,827' (Morrow)		P.B.T.D. 10,525' (Bone Spring)			
Elevations (DF, RKB, RT, GR, etc.) 3636.8' GR	Name of Producing Formation Bone Spring		Top Oil/Gas Pay 8332		Tubing Depth 8507'			
Perforations 8332 - 8528					Depth Casing Shoe 11,824			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2	13-3/8		675		600 sacks			
11	8-5/8		4550		2270 sacks			
7-7/8	5-1/2		11824		1070 sacks			
	2-7/8		8507					

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 3/11/88	Date of Test 3/13/88	Producing Method (Flow, pump, gas lift, etc.) Pumping (2 1/2 x 1 1/2 x 20 RHBC)		Post ID-2 4-22-88 Comp. B5
Length of Test 24 hours	Tubing Pressure -	Casing Pressure Sealed	Choke Size -	
Actual Prod. During Test	Oil-Bbls. 75	Water-Bbls. 76	Gas-MCF 0	

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. 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)
3/15/88
(Date)

OIL CONSERVATION COMMISSION

APPROVED APR 1 8 1988, 19
BY Original Signed By
Mike Williams
TITLE Oil & Gas Inspector

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