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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

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-110
Effective 1-1-65

RECEIVED

NOV 25 '87

Operator Robert N. Enfield		O. C. D. ARTESIA, OFFICE	
Address P. O. Box 2431, Santa Fe, New Mexico 87504-2431			
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry 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 Walters Federal	Lease No.	Well No. 1	Field Name, including (Cisco Canyon) McMillan Upper Penn Gas	Kind of Lease NM-29826 State, Federal or Fee
Location Unit Letter <u>H</u> ; <u>1980</u> Feet From The <u>North</u> Line and <u>990</u> Feet From The <u>East</u> Line of Section <u>7</u> Township <u>19 S</u> Range <u>27 E</u> , <u>NMFM</u> , <u>Eddy</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Navajo Crude Oil Purchasing Co.	P. O. Drawer 175, Artesia, NM 88210					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Enron Gas Marketing	P. O. Box 1188, Houston, TX 77251-1188					
If well produces oil or liquids, give location of tanks.	Unit J	Sec. 12	Twp. 19S	Range 26E	Is gas actually connected? <u>NO</u>	When <u>6</u> Approx. 12/1/87

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resv.	Diff. Resv.
		X	X					
Date Spudded 10/19/87	Date Compl. Ready to Prod. 11/23/87	Total Depth 7864'		P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.) 3271' GL	Name of Producing Formation Cisco Canyon	Top Oil/Gas Pay 7856'		Tubing Depth 7856'				
Perforations Open hole				Depth Casing Shoe				
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"	13-3/8"		317.45'		350 sx Cl. C w/2% CaCl2			
12-1/4"	8-5/8"		2421.30'		900 sx Howco Lite + 300			
7-7/8"	4-1/2"		7856.00'		375 sx. Cl H C1 H			

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test-MCF/D 4 MMCFPD	Length of Test 2 hrs.	Bbls. Condensate/MMCF TSTM	Gravity of Condensate
Testing Method (pitot, back pr.) Multi-Point Back Pressure	Tubing Pressure 1780	Casing Pressure packer	Choke Size 20/64"

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.

Robert N. Enfield
(Signature)

Robert N. Enfield - Operator
(Title)

11/23/87
(Date)

OIL CONSERVATION COMMISSION

APPROVED FEB 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 multiply completed wells.