	DISTRIBUTION	NEW MEXICO OIL	CONSERVATION COMMISSION	
	SANTA FE	REQUEST	T FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and
	U.S.G.S.		AND	Ellective 1-1-65
	LAND OFFICE	- AUTHORIZATION TO TR	ANSPORT OIL AND NATURAL	GAS
	TRANSPORTER OIL		DECEN	
	GAS		RECEIVED BY	
-	PRORATION OFFICE		MAR PERMO	
1.	Operator OFFICE		· • • • • • • • • • • • • • • • • • • •	
	Enron Oil & Gas Compa	iny /		f. Č
	Address		ARTESIA, OFFICE	
	P. O. Box 2267, Midla Reason(s) for filing (Check proper box	nd, Texas 79702		
	New Well		Other (Please explain)	
	Recompletion	Change in Transporter of: Oil Dry G	Change Operato	or Name
	Change in Ownership X			· •
	If change of ownership give name			
	and address of previous owner	Belco Development Corp.	, Box 2267, Midland, Tex	as_79702
11.	DESCRIPTION OF WELL AND		•	
	Lease Name	Well No. Pool Name, Including F	Formation Kind of Lea	' ; Se
	Pennzoil State	2 Und. Revelatio	on Morrow State, Føder	alorFee State Lease N. Lease N. L4894
	Location			
	Unit Letter <u>K</u> ; <u>17</u>	80 Feet From The South Li	ne and Feet From	The West
	Line of Section 16 To	winship 225 Range	25E NMBM	Eddy
		nunge	2.5.Е , №РМ,	Edd y Count
III.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	AS	
	Nome of Authorized Transporter of Oil	l or Condensate	Address (Give address to which appro	oved copy of this form is to be sent)
	N/A Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)			
	N/A		Address (or the duaress to which appro	oved copy of this form is to be sent)
	If well produces oil or liquids,	Unit Sec. Twp. Ege.	Is gas actually connected? Wh	hen
	give location of tanks.	I I I I I I I I I I I I I I I I I I I	No	P&A 5/5/77
	If this production is commingled wi	th that from any other lease or pool,	give commingling order number:	······································
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'y, Diff. Res
	Designate Type of Completion	$\operatorname{on} - (X)$		Plug Back Same Res'v. Diff. Res
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	Elevations (DF, RKB, RT, GR, etc.)	Name of Desidence Francisco		
	Listening (Dr., KKB, KT, CR, etc.)	Name of Producing Formation	Top Oll/Gas Pay	Tubing Depth
	Perforations			Depth Casing Shoe
-			D CEMENTING RECORD	
ł	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
ł				Post ID-3
ł				3-27-82
[· · · · · · · · · · · · · · · · · · ·		
	TEST DATA AND REQUEST FO		fter recovery of total volume of load oil	and must be equal to or exceed top all
ī	OII. WEI.I. able 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.)			
				•
Ī	Length of Test	Tubing Pressure	Casing Pressure	Choke Size
_				e
	Actual Prod. During Test	Oll-Bbis.	Water - Bbls.	Gas-MCF
L		L	J	· · · · · · · · · · · · · · · · · · ·
	GAS WELL			
ſ	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Ļ	Testing Method (pitot, back pr.)			· · · · · · · · · · · · · · · · · · ·
	lesting Method (pirot, park pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Ebut-12)	Choke Size
. L	CERTIFICATE OF COMPLIANC			
	CERTIFICATE OF COMPERANC	, E	14	TION COMMISSION
I	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.		APPROVED	
C				
-				
-				
-				
-	3/4/87-	· · · · · · · · · · · · · · · · · · ·	Fill out only Sections I, II, III, and VI for changes of owne well name or number, or transporter, or other such change of conditio Separate Forms C-104 must be filed for each pool in multip	
	(Dai	1 0 /		

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