Submit 5 Copies Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexicoiergy, Minerais and Naturai Resources Departme.

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

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

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DEC 0 2 1993

ALLEY ...

1, Aztec, NM 87410	REQ				SLE AND AU			N	چەر ئارىخ ئارىخ	: 0			
Operator Enron Oil & Gas Compa	., 1110 11/110	AND NATURAL GAS Well API No. 27635 30 015 37635											
Address							<u>.</u>						
P. O. Box 2267, Midlar Reason(s) for Filing (Check proper box) New Well Recompletion Change in Operator	oil Casinghe	Change in		as \square	Other (Please exp	APPRO	VIIT	, VALID F EXMRES S DRILLAN	9-10	DAYS D-94 RWAY		
If change of operator give name and address or previous operator							1						
II. DESCRIPTION OF WELL	AND LE	ASE	5.4	Palat.	1 Long	Dol	י ממיצועים	1.					
Lease Name Big Eddy Unit		Well No. 127		lame, Includi nd . De l	aware.				Lease Sta ederal or Fee		.ease No. 56-5		
Location Unit LetterK	208	80	_ Feet F	rom The	south Line a	nd1	980	_ Fee!	From The _	west	Line		
Section 16 Townshi	219	S	Range	29E	, NMP	м, Е	ddy				County		
III. DESIGNATION OF TRAN	SPORTI	ER OF O	II. AN	ID NATI!	RAL GAS								
Name of Authorized Transporter of Oil	Address (Give address to which approved copy of this form is to be sent) BOX 4666, HOUSTON, TX 77210-4666						ent)						
EOTT Energy Corp 7440 Effective 4-1-94 Tame of Authorized Transporter of Casinghead Gas S or Dry Gas Casand Wallow Cathoning					Address (Give address to which approved)						ieni)		
Grand Valley Gatherin	g 8	3588		,	4200 E.	Skell	y Dr, S	Ste	560, Tu		K 74135-32		
If well produces oil or liquids, give location of tanks.	Unit K	Sec.	Тwp. Т 21S	Rge. 29E	Is gas actually o	onnected?	? W 	/hen ?	1				
If this production is commingled with that IV. COMPLETION DATA	+				1								
Designate Type of Completion		Oil Wel	Хİ	Gas Well	<u>i</u> X i	Workover	Deep	en	Plug Back	Same Res'v	Diff Res'v		
Date Spudded 9-17-93	Date Con	npl. Ready t	o Prod. 10-93	l .	Total Depth 700	າດ		İ	P.B.T.D.	6907			
Elevations (DF, RKB, RT, GR, etc.)						Top Oil/Gas Pay				Tubing Depth			
3386.7 GR	Delaware				5930				2-7/8" at 5996 Depth Casing Shoe				
5931-5940) 	TIDING	CAS	INIC AND	CEMENTING	C PECC	משר						
HOLE SIZE	C	ASING & T				EPTH SE			S	ACKS CE	VENT		
14-3/4		11-3/4				610				400 Circulated			
7-7/8		8-5/8 5-1/2				3052 7000				1000 Circulated 835 sx TOC at 2300'			
					7000		-		000 37				
V. TEST DATA AND REQUES OIL WELL (Test must be after t					t he equal to or ex	rceed ton	allowable fo	or this	depth or be t	or full 24 ho	nars.)		
Date First New Oil Run To Tank 11-14-93	Date of T	Date of Test 11-25-93				Producing Method (Flow, pump, gas lift, e Pumping							
Length of Test 24 hrs		Tubing Pressure 230				Casing Pressure				do	mp + BIY		
Actual Prod. During Test	Oil - Bbl	Oil - Bbls. 202				Water - Bbis. 202				Gas- MCF 136			
GAS WELL	<u> </u>	-											
Actual Prod. Test - MCF/D	Length of Test				Bbis. Condensate/MMCF				Gravity of Condensate				
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)				Choke Size				
VI. OPERATOR CERTIFIC I hereby certify that the rules and regulation have been complied with and	lations of th	e Oil Conse	rvation		0	IL CC	DNSEF	RVA	NOITA	DIVISI	ON		
is true and complete to the best of my knowledge and belief.					Date	Date Approved							
Berry Sild	Ву												
Betty Gildon, Regu	ulatory	/ Analy	st		-,		CUDER	vis(R. DIST	KIC I			
Printed Name 11/29/93		′686 - 37	Title		Title_		Surra	•					
Date			lephone	No.	11								

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.

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