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1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

RECEIVED

AUG 27 1993

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

CLSF
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REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Enron Oil & Gas Company	Well API No. 30 015 21052
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 type="checkbox"/>

If change of operator give name
and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name Hudson Federal	Well No. 1	Pool Name, Including Formation <i>SE Quahada Ridge Delaware</i> Los Medanos Lower Brushy	Kind of Lease Fed State, Federal or Fee	Lease No. NM 0543280(A)
Location Unit Letter <u>F</u> : <u>1830</u> Feet From The <u>north</u> Line and <u>1980</u> Feet From The <u>west</u> Line Section <u>1</u> Township <u>23S</u> Range <u>30E</u> , NMPM, <u>Eddy</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil EOTT Energy Corp	<input checked="" type="checkbox"/> Oil or <input type="checkbox"/> Dry Gas Effective 4-1-94	Address (Give address to which approved copy of this form is to be sent) P. O. Box 20108, Shreveport, LA 71120
Name of Authorized Transporter of Casinghead Gas Natural Gas Pipeline Co. of America	<input type="checkbox"/> Oil or <input type="checkbox"/> Dry Gas	Address (Give address to which approved copy of this form is to be sent) P. O. Box 293, Houston, Texas 77001
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 1
	Twp. 13	Rge. 30
	Is gas actually connected? Yes	When? 8-24-93

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	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 7-26-93	Date Compl. Ready to Prod. 8-23-93	Total Depth 14,325	P.B.T.D. 8478					
Elevations (DF, RKB, RT, GR, etc.) 3298.4' GR	Name of Producing Formation Lower Brushy Canyon	Top Oil/Gas Pay 7201	Tubing Depth 2-7/8 at 7605'					
Perforations 7201'-7517' (Delaware)	Depth Casing Shoe 11,800'							
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
20	16	492	650 C1 C Circulated					
12-1/4	10-3/4	3781	1950 Circulated					
9-1/2	7-5/8	11800	600 est TOC 7000'					
6-1/2	5-1/2 Liner	14325 TOL: 11503	275 sx					

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 8-24-93	Date of Test 8-25-93	Producing Method (Flow, pump, gas lift, etc.) Pumping (2-1/2" x 1-3/4" x 22' RHBC)
Length of Test 24 hrs	Tubing Pressure 120	Casing Pressure 170
Actual Prod. During Test	Oil - Bbls. 205	Water - Bbls. 296
		Gas - MCF 54

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. 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.

Betty Gildon
Signature
Betty Gildon, Regulatory Analyst
Printed Name
8/26/93
Date
(915) 686-3714
Telephone No.

OIL CONSERVATION DIVISION

AUG 30 1993

Date Approved
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.