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

State of New Mexico Encoy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instruction

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

[•	T(O THA	NSPC	JH I OIL	ANU IVA	UHAL GA	NAIL A	IPI No.		 -	
Operator Control of the Control of t	/						i	0 015 23	1587		
Enron Oil & Gas Cor	iipany /				 	137				 	
Address P. O. Box 2267, Mic	dland -	Γργρς	7970	2		:- =/					
	uranu,	caus	, 570		Othe	es (Please expla	iin)				
Reason(s) for Filing (Check proper box)	,	hange in	Tennena	rter of:			,				
New Well			Dry Gar								
Recompletion X	Oil		Conden	_							
Change in Operator	Casinghead	Gas	Conden	sate							
f change of operator give name and address of previous operator					, - , -						
•		0.70		1.17/	///	1	7 、				
I. DESCRIPTION OF WELL A			I Da al Al	flede	ng Formation	laware		of Lease tat	re La	ase No.	
Lease Name	t	Well No.	1			ushy Can	Conta	Federal or Fe	- 1	6442	
Poker Lake 32 Stat	e		-3aH	u pune	3, 418 01	usily call	i y O I II				
Location	66	0		n	orth	198	30 -	et From The	east	Line	
Unit LetterB	:66	<u> </u>	Feet Fr	om The	orth Lib	e and	, <u>, </u>	et rom ine		tine	
20 -	225		D	31E	N	MPM,	Eddy			County	
Section 32 Township	235		Range	316	, Ni	WIFIVI,	Ludy			County	
		OF O	TT A B.T	n riatii	DAT CAS						
II. DESIGNATION OF TRANS		or Conden		D NATU.	Address (Giv	e address to wi	hich approved	copy of this	orm is to be se	int)	
Name of Authorized Transporter of Oil	X	_			P. (). Box 20)108. Sh	revepor	t, LA 71	120	
Enron Oil Trading & Traffsp. Co.				Gas	Address (Give address to which approved			copy of this form is to be sent)			
Name of Authorized Transporter of Casing			or Dry	U28	P () F	30x 1492	El Pas	o. Texa	s 79920	•	
El Paso Natural Gas C		FOT Box				P. O. Box 1492, El Pas Is gas actually connected? When					
If well produces oil or liquids, give location of tanks.		Sec. 32	Twp. 23S	Rge. 31E	Yes			.8-82			
								<u> </u>			
f this production is commingled with that f	from any othe	r lease or	pooi, giv	e community	nuk order norr						
IV. COMPLETION DATA		lo:: W. II		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	- (X)	Oil Well	' '	Das Well	1 New Well	I		i X	1	ίX	
	Date Compl		Prod.		Total Depth	L	<u> </u>	P.B.T.D.	<u> </u>		
Date Spudded	1	0 - 92	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		14,925'			7910'			
5-27-92	Name of Pro		ormation		Top Oil/Gas Pay			Tubing Depth			
Elevations (DF, RKB, RT, GR, etc.)	l .				7826			2-7/8" at 7872'			
3387.5' RKB Brushy C			anyor	!	7020			Depth Casing Shoe			
	71										
7826-7872 7712-77	<i>T</i>	UDDIC	CAST	NG AND	CEMENT	NG RECOR	מא				
					CEMENTING RECORD DEPTH SET			SACKS_CEMENT			
HOLE SIZE		6	JBIITG SIZE		706			720	Post	- ***	
20		0-3/4			4395			2900	8-	2-92	
14-3/4	1	7 - 5/8			12500			1250	Sems	· + BK	
9-1/2	ļ 				14924 TOL: 12263			500 PAPMA			
6-1/2 V. TEST DATA AND REQUES	T FOD A	5 Lin	ARLE		117727	102. 1.			Com s	pul.	
OIL WELL (Test must be after r	OI FUR A	al volume	of load	oil and mus	t be equal to o	r exceed top all	lowable for th	is depth or be	for full 24 hou	as.)	
Date First New Oil Run To Tank	Date of Tes		<u> </u>		Producing N	fethod (Flow, p	ump, gas lift,	elc.)			
6-22-92 6-30-92					Flowing						
Length of Test	Tubing Pres	Sure			Casing Pressure			Choke Size	;		
24 hrs		80				200			11/64"		
Actual Prod. During Test					Water - Bbls.			Gas- MCF			
Actual Flow During Foot	50			56			570				
GAS WELL		· •			Bhle Conde	nsate/MMCF	 	Gravity of	Condensate		
Actual Prod. Test - MCF/D	od. Test - MCF/D Length of Test				Bota. Concentrative			(3.3.1.)			
Testing Method (nitot, hack pr.) Tubing Pressure (Shi			It-in\		Casing Pressure (Shut-in)		Choke Size				
Testing Method (pitot, back pr.)	luoing Pre	Peric (200	м-ш)								
	<u> </u>							<u> </u>			
VI. OPERATOR CERTIFIC	ATE OF	COM	PLIA)	NCE		OIL CO	NSERV	ATION	DIVISIO	NC	
I hereby certify that the rules and regul	lations of the	Oil Conse	rvation					,			
Division have been complied with and	that the infor	mation gi	ven abov	re				F			
is true and complete to the ess of my	knowledge ar	ki Dellei.			Dat	e Approve	ed	JUL 2	4 1992		
D. VIA	^)							,		
Blow sulvan					By ORIGINAL			SIGNED	BY		
Signature Betty Gildon, Regulatory Analyst				MIK			MIKE WIL	E WILLIAMS			
	atury Al	ia Lysi	Title		T:41.		SUPERVI	SOR, DIST	TRICT I		
Printed Name 6-30-92	915/686	5-3714			Title	:		<u> </u>	•		
Date 52			iephone	No.		Specianite	والمعاد الزيامة فلأعرض ميدو	Sa 4	المستون يد سييسي پي		

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.