

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

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

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

State of New Mexico  
Energy, Minerals and Natural Resources Department

See Instructions  
at Bottom of Page

OIL CONSERVATION DIVISION

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator Enron Oil & Gas Company		Well API No. 30 015 23587
Address P. O. Box 2267, Midland, Texas 79702		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input checked="" 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 <u>W. Sand Dunes, Delaware</u>		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Poker Lake 32 State	Well No. 1	Pool Name, including Formation <u>Sand Dunes, W. Brushy Canyon</u>	Kind of Lease State, Federal or Fee	Lease No. L-6442
Location Unit Letter <u>B</u> : <u>660</u> Feet From The <u>north</u> Line and <u>1980</u> Feet From The <u>east</u> Line Section <u>32</u> Township <u>23S</u> Range <u>31E</u> , NMPM, <u>Eddy</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Enron Oil Trading & Transp. Co.	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 El Paso Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1492, El Paso, Texas 79920					
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 32	Twp. 23S	Rge. 31E	is gas actually connected? Yes	When? 3-18-82

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 X	Same Res'v	Diff Res'v X
Date Spudded 5-27-92	Date Compl. Ready to Prod. 6-20-92	Total Depth 14,925'		P.B.T.D. 7910'				
Elevations (DF, RKB, RT, GR, etc.) 3387.5' RKB	Name of Producing Formation Brushy Canyon	Top Oil/Gas Pay 7826		Tubing Depth 2-7/8" at 7872'				
Perforations 7826-7872 7712-7776				Depth Casing Shoe				
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
20	16		706		720			
14-3/4	10-3/4		4395		2900			
9-1/2	7-5/8		12500		1250			
6-1/2	5 Liner		14924 TOL: 12263		500			

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 6-22-92	Date of Test 6-30-92	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hrs	Tubing Pressure 80	Casing Pressure 200	Choke Size 11/64"
Actual Prod. During Test	Oil - Bbls. 260	Water - Bbls. 56	Gas - MCF 570

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.

Signature  
Betty Gildon  
Betty Gildon, Regulatory Analyst  
Printed Name  
6-30-92  
Date  
915/686-3714  
Telephone No.

OIL CONSERVATION DIVISION

Date Approved JUL 2 4 1992

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.