

Submit 5 Copies  
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

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

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

45K  
DT  
GT  
Op

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Enron Oil & Gas Company	Well API No. 24352 30 015-29342
Address P. O. Box 2267, Midland, Texas 79702	
Reason(s) for Filing (Check proper box) 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	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Loving 36 State	Well No. 1	Pool Name, including Formation Loving 36 State	Kind of Lease State State, Federal or Fee	Lease No. LG 8597
Location Unit Letter N : 660 Feet From The south Line and 2070 Feet From The west Line Section 36 Township 23S Range 27E, NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil The Permian Corporation	or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1183, Houston, Texas 77001
Name of Authorized Transporter of Casinghead Gas Transwestern Pipeline Company	Effective 1-1-93	Address (Give address to which approved copy of this form is to be sent) P. O. Box 2521, Houston, Texas 77002
If well produces oil or liquids, give location of tanks.	Unit N Sec. 36 Twp. 23S Rge. 27E	Is gas actually connected? Yes When? Delaware on 6-19-92
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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
		X				X		X
Date Spudded 6-5-92	Date Compl. Ready to Prod. 6-11-92		Total Depth 12,820		P.B.T.D. 3888			
Elevations (DF, RKB, RT, GR, etc.) 3121.4' GR	Name of Producing Formation Delaware		Top Oil/Gas Pay 2260		Tubing Depth 2-3/8" at 3296'			
Perforations 2260-3950					Depth Casing Shoe 4-1/2" liner at 12,818			
TUBING, CASING AND CEMENTING RECORD					top of liner at 10,243			
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2	13-3/8		535		300 HLW & 200 C1 C			
			Cemented annulus thru		1" w/400 C1 C			
12-1/4	9-5/8		2260		1050 HLW & 450 C1 C			
8-1/2	7		10500		850 TLW & 525 C1 H			

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.) Post ID-2 8-7-92	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size comp & BK gas well in oil pool
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF

GAS WELL

Actual Prod. Test - MCF/D 542	Length of Test 24 hrs	Bbls. Condensate/MMCF 0	Gravity of Condensate -
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 490	Casing Pressure (Shut-in) 490	Choke Size 48/64

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  
6/29/92  
Date  
915/686-3714  
Telephone No.

OIL CONSERVATION DIVISION

JUL 24 1992  
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.