	DISTRIBUTION ANTA FE	C REQUE	IL CONSERVATION CC SSION ST FOR ALLOWABLE AND TRANSPORT CIL AND NATURAL	Form C-104 Supersedes Old C-106 and C-1 Elfoctive 1-1-65	
	TRANSPORTER OIL V		THE AND NATURAL	GAS RECEIVED	
1.	OPERATOR V PRORATION OFFICE Operator	<u> </u>		FEB 02 '89	
	Quinoco Petroleum, I	<u>nc.</u> V		O. C. D. ARTESIA OFFICE	
	Stanford Place 3, 4 Reason(s) for filing (Check proper b	582 South Ulster St Park	way, Ste 1700, Denver, CO		
	New Well Recompletion Change in Ownership X	Change in Transporter of: Oil Dry Casinghast Gas Dry	Other (Please explain) EFFECTIVE	1/1/89	
	If change of ownership give name and address of previous owner	Enron Oil & Gas Co	mpany, Box 2267, Midland,	Texas 79702	
u.	DESCRIPTION OF WELL ANI	Well No. Pool Name, Including	Formation		
	Fort 18 Com.	1 Malaga Atok	1	Lease No.	
	Unit Letter [] 9	980 Feet From The North	Line and 895 Feet From 1	rheWest	
l	Line of Section 18 T	ownship 245 Range	29Е, ммрм,	Eddy County	
n. 1 [DESIGNATION OF TRANSPOI	RTER OF OIL AND NATURAL (GAS		
+	Enron Oil Trading & T	ransp., Inc.	Address (Give address to which approv Box 20108, Shreveport,	14 71100	
ļ	Llano, Inc.		Address (Give address to which approved copy of this form is to be sent) Box 1320, Hobbs, NM 88240		
L	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Ege. E 18 24 29	Is gas actually connected? When Yes	n	
11 V. <u>(</u>	f this production is commingled w COMPLETION DATA	ith that from any other lease or pool	1, give commingling order number:	4/7/86	
	Designate Type of Completi	on - (X)	New Well Workover Deepen	Plug Back Same Restv. Diff. Restv.	
Ī	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
Ĩ	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
ſ	Perforations			Depth Casing Shoe	
F	TUBING, CASING, AND CEMENTING RECORD				
F		CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
E					
 ד.	EST DATA AND REQUEST F	OR ALLOWARTE (Text must be			
0	IL WELL ate First New Oil Run To Tanks		after recovery of total volume of load oil and epth or be for full 24 hours) Producing Method (Flow, pump, gas lift,		
F	ength of Test	Tubing Pressure	Casing Despense	Choke Size	
	ctual Prod. During Test	Oil-Bbis.	Water-Bbis.	Gas • MCF	
L				POST ID-3	
	AS WELL ciual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	2-17-84 Chipap.	
,	eeting Method (pitot, back pr.)	Tubing Pressure (Shut-in)		iravity of Condensate	
			Casing Pressure (Shut-in) C	thoke Size	
	ERTIFICATE OF COMPLIANC		OIL CONSERVATI		
		gulations of the Oil Conservation th and that the information given best_of my knowledge and belief.		. 19	
- 2	in the and complete to the	Gest of my knowledge and belief.	BYOriginal Sign Mike Willin	ed By-assantian and a state of the state of	
4		,	This form is to be filed in comp		
HO:	lly Richardson ^{(Signati}		If this is a request for allowable well, this form must be accompanied	o for a newly drilled or deepened	
220	duction Technician		trate taxes on the wait TH Scoldsut	CO WITH RULE 111.	
4	23/89 (Date		All sections of this form must be able on new and recompleted wells. Fill out only Sections I. II, III	, and VI for changes of summer	
	Udle		Fill out only Sections I. II. III well name or number, or transporter, or Sector Forme C-104 must be	Filed for each coal is multiply	



Job separation sheet

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NO. OF COPIES ALCEIVED						
DISTRIBUTION SANTA FE	NEW MEXICO OI	L CONSERVATION AMISSI	ON Form C-104			
FILE REQUEST FOR ALLOWABLE Supersedes Old C-104 and C.						
U.S.G.S. AND AND AUTHURIZATION TO TRANSPORT OIL AND NATURAL GAS						
IRANSPORTER OIL						
GAS Ø	FEB 1 2 1987					
PRORATION OFFICE						
Enron Oil & Gas Com	pany / ARIESIA, GIT					
P. O. Box 2267, Mid	land, Texas 79702					
Reason(s) for filing (Check prope New Well	r box) Change in Transporter of:	Other (Please exp	lain)			
Recompletion		Gas Change O	perator Name			
Change in Ownership[X]			• •			
If change of ownership give name and address of previous owner	" HNG OIL COMPANY, P. O	. Box 2267, Midland,	Texas 79702			
DESCRIPTION OF WELL A	ND LEASE	• • •	· · · · · · · · · · · · · · · · · · ·			
Fort 18 Com.	Well No. Pool Name, including		i of Lease	Lease No		
Location	l Malaga Atoka	Stat	e, Føderal or Føe Fee			
Unit Letter <u>E</u> ; <u>1</u>	980 Feet From The north	Line and 895 Fe	west			
Line of Section 18	Township 24S Range	29Е , ммрм,	Eddy	County		
DESIGNATION OF TRANSP	ORTER OF OIL AND NATURAL	GAS				
Nome of Authorized Transporter of Oli or Condensate 🖄 Address (Give address to which approved copy of this form is to be sent)						
Name of Authorized Transporter of Llano, Inc.	Casinghead Gas or Dry Gas X	P. O. Box 20108, Shreveport, LA 71120 Address (Give address to which approved copy of this form is to be sent)				
If well produces oil or liquids,	Unit Sec. Twp. Rge.		0, Hobbs, NM 88240			
give location of tanks.	E 18 24 29		4/7/86			
f this production is commingled with that from any other lease or pool, give commingling order number:						
Designate Type of Compl	etion - (X)	New Well Workover De	epen Plug Back Same Re	s'v. Diff. Res		
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc	.; Name of Producing Formation	Top O!!/Gas Pay				
			Tubing Depth			
Perforations			Depth Cusing Shoe			
TUBING, CASING, AND CEMENTING RECORD						
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEN			
			3-22-5			
·			the ap	·		
TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be	after recovery of total volume of	load all and must be sound as			
EST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top al able for this depth or be for full 24 hours) Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)						
1			.,	•		
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	<u>د</u>		
Actual Prod. During Test	Oll-Bbis.	Water-Bbls.	Gas-MCF			
		_ <u></u>				
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF				
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)		Gravity of Condensate			
	Tubing Pressure (Shut-IR)	Casing Pressure (Shut-in)	Choke Size			
CERTIFICATE OF COMPLIA	NCE	OIL CONS	ERVATION COMMISSION	N		
hereby certify that the rules an	d regulations of the Oil Conservation		IAR 2 3 1987	19		
commission have been complied bove is true and complete to t	with and that the information given he best of my knowledge and belief.	Original Signed By Les A. Clements				
\land		TITLE Supervisor District 11				
	_		ed in compliance with RULE	1104.		
				ed or deepene		
Betty &	logine -	If this is a request fo	companied by a tabulation	I the manufactor		
Betty Gildon, Regulat		If this is a request fo well, this form must be so tests taken on the well in	companied by a tabulation of accordance with RULE 111	the deviatio		
Betty Gildon, Regulat		If this is a request fo well, this form must be so tests taken on the well in All sections of this fo able on new and recomple	Companied by a tabulation of a accordance with RULE 111 bru must be filled out comple ted wells.	t the deviation tely for allow		
Betty Gildon, Regulat	ory Analyst	If this is a request for well, this form must be so tests taken on the well in All sections of this for able on new and recomple Fill out only Section	Companied by a tabulation of a accordance with RULE 111 one must be filled out comple	the deviatio		