

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

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-104
REVISED 8-89
See Instructions
at Bottom of Page

OIL CONSERVATION DIVISION

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

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

NOV 16 '89

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

O. C. D.
ARTESIA, OFFICE

I.

Operator Enron Oil & Gas Company	Well API No. 30-015-26111
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 Willow Lake 15	Well No. 1	Pool Name, including Formation Willow Lake (Atoka)	Kind of Lease FEE State, Federal or Fee	Lease No. N/A
Location Unit Letter 0 : 660 Feet From The south Line and 1980 Feet From The east Line Section 15 Township 14S Range 28E, NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Enron Oil Trad & Transp	Address (Give address to which approved copy of this form is to be sent) Box 1188, Houston, Texas 77251-1188					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Ilano, Inc.	Address (Give address to which approved copy of this form is to be sent) 921 West Sanger, Hobbs, NM 88240					
If well produces oil or liquids, give location of tanks.	Unit 0	Sec. 15	Twp. 14S	Rge. 28E	Is gas actually connected? Yes	When? 11-10-89

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					
Date Spudded 8-20-89	Date Compl. Ready to Prod. 10-17-89		Total Depth 11,829'		P.B.T.D. 11,746'			
Elevations (DF, RKB, RT, GR, etc.) 3002.8' GR	Name of Producing Formation Atoka		Top Oil/Gas Pay 11,664'		Tubing Depth 2-7/8 & 2-3/8 @ 11,655'			
Perforations 11,664' - 11,675'					Depth Casing Shoe 10,476'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"	13-3/8"		604'		650 sacks			
12-1/4"	9-5/8"		2,492'		985 sacks			
8-3/4"	7"		10,476'		650 sacks			
6-1/8"	4-1/2" Liner		11,828' TOL: 10,184'		294 sacks			

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.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D 4229	Length of Test 24 hours	Bbls. Condensate/MMCF .0017	Gravity of Condensate 51.0
Testing Method (prior, back pr.) Back Pressure	Tubing Pressure (Shut-in) 4550	Casing Pressure (Shut-in) 1800	Choke Size diaphragm

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
11/15/89 (915) 686-3714

Date
Telephone No.

OIL CONSERVATION DIVISION

Date Approved DEC 11 1989

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.