[redacted] [redacted]orm C-104
Revised 10-1-

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

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TRANSPORTER	OIL	✓
	GAS	
OPERATOR		
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REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator
Enron Oil & Gas Company

Address
P.O. Box 2267 Midland, TX 79702

Reason(s) for filing *(Check proper box)*

New Well [X] Recompletion [ ] Change in Ownership [ ]

Change in Transporter of: Oil [ ] Casinghead Gas [ ] Dry Gas [ ] Condensate [ ]

Other *(Please explain)*

If change of ownership give name and address of previous owner ______

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease State, Federal or Fee	Le
Malaga "2" State Com.	1	Malaga (Atoka)	State	L-

Location

Unit Letter J ; 2130 Feet From The South Line and 1650 Feet From The East

Line of Section 2 Township 24S Range 28E , NMPM, Eddy

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [ ] or Condensate [X]	Address *(Give address to which approved copy of this form is to be se*
EOTT Energy Operating LP 7440 Effective 4-1-94 EOTT Energy Corp. Effective 1-1-93 Enron Oil Trading & Transportat	Box 1188, Attn: Jan Crow; Houston, TX 77251-
Name of Authorized Transporter of Casinghead Gas [ ] or Dry Gas [X]	**Address *(Give address to which approved copy of this form is to be se***
Llano 13382	921 W. Sanger, Hobbs, NM 88240

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	J	2	24S	28E	yes	8-2-90

If this production is commingled with that from any other lease or pool, give commingling order number: ______

COMPLETION DATA

Designate Type of Completion – (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Dif
		X	X					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
2-7-90	4-26-90	12,050'	11957
Elevations *(DF, RKB, RT, GR, etc.)*	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
2974.4'	Atoka	11461	11662
Perforations			**Depth Casing Shoe**
11,542'-550'; 11769-773'; 11826'-835'			12047

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2	13-3/8	632'	775 sx C/C
12-1/4	9-5/8	2543'	1550 sx Prem Plus
8-3/4	7	10531'	1025 50/50 poz prem

TEST DATA AND REQUEST FOR ALLOWABLE

(Test must be after recovery of total volume of load oil and must be equal to or exceed t able for this depth or be for full 24 hours)

OIL WELL

Date First New Oil Run To Tanks	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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
12090	24 hours	6.1	53.7
Testing Method *(pitot, back pr.)*	**Tubing Pressure (Shut-in)**	**Casing Pressure (Shut-in)**	**Choke Size**
choke	5625	2000	20/64

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.

GE orio Gwen

[Signature: J Bell]
(Signature)

Div Prod Manager
(Title)

10/29/90
(Date)

OIL CONSERVATION DIVISION

APPROVED SEP 6 1990, 19__

BY [signature]

TITLE SUPERVISOR, DISTRICT II

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or de well, this form must be accompanied by a tabulation of the de tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for able on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of co

Separate Forms C-104 must be filed for each pool in m