

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

RECEIVED

DEC 12 '90

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

O. C. D.
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Enron Oil & Gas Company	Well API No. 30 015 26415
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 Malaga 1 Com	Well No. 1	Pool Name, Including Formation Malaga (Atoka)	Kind of Lease State, Federal or Fee	Lease No. Fee
Location				
Unit Letter C	660	Feet From The north	Line and 1680	Feet From The west
Section 1	Township 24S	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 type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
None		
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Llano, Inc.	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?
		5-5-91

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 8-25-90	Date Compl. Ready to Prod. 10-24-90	Total Depth 12100	P.B.T.D. 11986					
Elevations (DF, RKB, RT, GR, etc.) 2956.4' GR	Name of Producing Formation Atoka	Top Oil/Gas Pay 11827	Tubing Depth 2-7/8 @ 10329 2-3/8 @ 11950					
Perforations 11827 - 11837 & 11896 - 11905			Depth Casing Shoe					

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2	13-3/8	615	775 C1 C Post-ID-2
12-1/4	9-5/8	2550	1150 C1 C 1-4-91
8-3/4	7	10671	1400 C1 H comp + BLS
6-1/8	4-1/2" Liner	12098 TOL: 10328	285 C1 H

V. TEST DATA AND REQUEST FOR ALLOWABLE

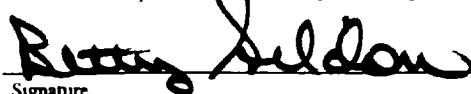
OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)			
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D 3300	Length of Test 24	Bbls. Condensate/MMCF 0	Gravity of Condensate -
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 3200	Casing Pressure (Shut-in) 1900	Choke Size 17/64"

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.


Signature
Betty Gildon, Regulatory Analyst
Printed Name
12/7/90
Date
915/686-3714
Telephone No.

OIL CONSERVATION DIVISION

Date Approved JUN 2 8 1991

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.