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

I.

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

RECEIVED

JTN 12 1993

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TENT TO TRANSPORT OIL AND NATURAL GAS

Operator						Well A	.PI No.			
Enron Oil & Gas Co	mpany					30	015 271	71		
Address										
P. O. Box 2267, Mi		s 797	02							
Reason(s) for Filing (Check proper box)				Oth	er (Please explo	zin)				
New Well			nsporter of:							
Recompletion	Oil	_	y Gas							
Change in Operator	Casinghead Gas	Co	ndensate							
If change of operator give name and address of previous operator			1		 -				 	
II. DESCRIPTION OF WELI	L AND LEASE	1	San	d Dus	res 1). a	lawa	re			
Lease Name		Well No. Pool Name, Including						of Lease State Lease No.		
Poker Lake 32 Stat	e 5		Wildcat [Jelaware	•	State,	Federal or Fe	e L-0	6442	
Location										
Unit LetterC	: <u> 660 </u>	Fee	et From The	north Lin	and19	80 Fe	et From The	_west	Line	
Section 32 Towns	hip 23S	Ra	nge 31E	, NI	ирм, Edd	у			County	
III. DESIGNATION OF TRA	NSPORTER O	F OU.	AND NATII	RAL GAS						
Name of Authorized Transporter of Oil	22 C	ondensate			e address to wi	hich approved	copy of this f	orm is to be se	ent)	
Enron Oil Trading	لكا			Address (Give address to which approved copy of this form is to be sent) Box 1188, Houston, Texas 78711						
Name of Authorized Transporter of Casinghead Gas							approved copy of this form is to be sent)			
El Paso Natural Ga					2, El Pa					
If well produces oil or liquids,	Unit Sec.				y connected?	When	· · · · · · · · · · · · · · · · · · ·			
give location of tanks.	i C i 32	-	3S 31E	No						
If this production is commingled with the IV. COMPLETION DATA				ing order num	ber:					
*	Oil	Weil	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion		Χ	<u> </u>	X	l	<u> </u>	ļ	<u> </u>	_i	
Date Spudded	Date Compl. Rea	•		Total Depth 8050			P.B.T.D.			
	11-25-92 12-21-92						7992			
vations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas	•		Tubing Depth			
3351' GR Delaware					35		2-7/8" at 7605' Depth Casing Shoe			
					Depth Casing Snoe 8050					
7735'-7834'	75W TT- T	NO 0	CDIC AND	Calif Care assura	NO DECOR	<u> </u>	6030			
LOI E OIDE			SING AND	CEMENTI				240/0.0514		
HOLE SIZE		CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT		
17-1/2	13-3/8	3-3/8			734			350 Hallib Lite & 250		
				1075			Hallib Prem Plus			
11	8-5/8 5-1/2			4075 8050			1650 Howco Lite Prem Pl			
7-7/8 V. TEST DATA AND REQUI	1. 80	50		600 Ha	600 Hallib Lite & 175 Hallib Prem Plu					
<u>-</u>	r recovery of total voi			be equal to or	exceed ton all	owable for thi	s depth or be			
Date First New Oil Run To Tank	Date of Test				ethod (Flow, pu				<u> </u>	
1/1/93	1/4/93				ng		·			
Length of Test	Tubing Pressure			Casing Press			Choke Size	IN CONTRACTOR OF THE CONTRACTO		
24 hours	500			1000			18/64			
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.			Gas- MCF		· · · · · · · · · · · · · · · · · · ·	
	270			151			288			
GAS WELL										
Actual Prod. Test - MCF/D	Length of Test	Length of Test			Bbls. Condensate/MMCF			Gravity of Condensate		
								Choke Size		
Testing Method (pitot, back pr.)	Tubing Pressure	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)					
VI. OPERATOR CERTIFIC	CATE OF CO	MPI I	ANCE	1						
				(DIL CON	1SERV	NOITA	DIVISIO	NC NC	
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.				Date ApprovedJAN 1 8 1993						
.	1/20			Date	Thhiose	u				
Butter	X. John	ou_	<u> </u>							
Signature					By ORIGINAL SIGNED BY					
Betty Gildon, Regulatory Analyst					MIKE WILLIAMS Title SUPERVISOR, DISTRICT IF					
Printed Name 9. 3	Q1	Tit 57686	5-3714	Title	SUP	ERVISOR	, DISTRIC	, 17		
Date		Telepho						grande.		

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.