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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

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

FEB 04 1993

O. C. D.

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Enron Oil & Gas Company	Well API No. 30 015 27277
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 Poker Lake 32 State	Well No. 7	Pool Name, including Formation Wildcat Delaware	Kind of Lease State State, Federal or Fee	Lease No. L-6442
Location				
Unit Letter D	: 660	Feet From The north	Line and 760	Feet From The west
Section 32	Township 23S	Range 31E	NMPM,	Eddy
County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS						
Name of Authorized Transporter of Oil EOTT Energy Corp	<input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	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 El Paso Natural Gas Co.	<input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) Box 1492, El Paso, Texas 79978				
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 32	Twp. 23S	Rge. 31E	Is gas actually connected? No	When ?
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 X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded 12-23-92	Date Compl. Ready to Prod. 1-7-93		Total Depth 8038'		P.B.T.D. 7990				
Elevations (DF, RKB, RT, GR, etc.) 3347' GR	Name of Producing Formation Delaware		Top Oil/Gas Pay 7752		Tubing Depth 2-7/8" set at 7654'				
Perforations 7752-7764 & 7833-7842					Depth Casing Shoe 8037				
TUBING, CASING AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
17-1/2	13-3/8		709		600 Post ID-2				
11	8-5/8		4100		1725 2-26-93				
7-7/8	5-1/2		8037		705 comp + BIX				

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 1-25-93	Date of Test 1-26-93	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hours	Tubing Pressure 400	Casing Pressure 990	Choke Size 21/64
Actual Prod. During Test	Oil - Bbls. 390	Water - Bbls. 233	Gas - MCF 377

GAS WELL			
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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 1/28/93	Title 915/686-3714
Date	Telephone No.

OIL CONSERVATION DIVISION	
Date Approved FEB 23 1993	
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.