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DISTRICT I DISTRICT I P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION DISTRICT II

P.O. Drawer DD, Artesia, NM 88210					ox 2088				KELEIVED				
DISTRICT III	CT III 10 Brazos Rd., Aztec, NM 87410				Santa Fe, New Mexico 87504-2088				APR 2 2 1993				
	REQUE	EST FO	RALL	.OWAE	BLE AND	AUTHOR	RIZATIO	$^{ar{l}}$ NC	TAK & Y	13.7.1			
I.	T	<u>O TRAN</u>	NSPO	RT OIL	AND NA	TURAL			Ç, L	D.			
Operator Enron Oil & Gas Comp	oany								30 015 27357				
Address										-7337			
P. O. Box 2267, Mid	land, Tex	as 797	702										
Reason(s) for Filing (Check proper box)			_	_	Ot	her (Please ex	cplain)						
New Well Recompletion	Oil	hange in T	ransporte Dry Gas	r of:									
Change in Operator	Casinghead		Condensa:	Le 🗍									
If change of operator give name													
and address of previous operator													
II. DESCRIPTION OF WELL Lease Name			Pool Nam	e. Includi	ng Formation			Kind of	Lease Sta	ath T	ease No.		
_James Ranch Unit		19			Delaware				ederal or Fee	_	5229-5		
Location										1			
Unit Letter	_ :1980_	F	Feet From	The	outh Li	ne and $\frac{1}{1}$.980	Feet	From The _	east	Line		
Section 36 Townsh	i p 22S	ī	Range	30E	N	IMPM.	Eddy				Country		
	· · · · · · · · · · · · · · · · · · ·										County		
III. DESIGNATION OF TRAN	SPORTER	OF OIL	LAND	NATU									
Name of Authorized Transporter of Oil EOTT Energy Operating II					Address (Give address to which approved copy of this form is to be sent) P. O. Box 1188, Houston, Texas 77251								
Name of Authorized Transporter of Casin	140 4-1-	1 en P. U. BOX 1188, 1 en P. U. BOX 1188, Address (Give address to which					approved copy of this form is to be sent)						
·· ···································	Paso Natural Gas Co.					P. O. Box 1492, El Paso, Texas 79978							
If well produces oil or liquids, give location of tanks.	Unit S	ec. 17 36	Twp. 225	Rge. 30E	Is gas actual	liy connected?	7 1 	When?	4-	18-9	7		
If this production is commingled with that	from any other					y by				28-/	<u></u>		
IV. COMPLETION DATA													
Designate Type of Completion		Oil Well X	Gas	Well	New Well	Workover	Dee	pen	Plug Back	Same Res'v	Diff Res'v		
Date Spudded	Date Compl. Ready to Prod.			Total Depth				P.B.T.D.					
3-22-93		4-12-93				7800'				7699!			
Elevations (DF, RKB, RT, GR, etc.) 3308 GR	Name of Producing Formation Delaware				Top Oil/Gas Pay 7418				Tubing Depth 7359'				
Perforations				7410				Depth Casing Shoe					
7418-7427 7580-7511									7798'				
	TU	BING, C	CASINO	AND	CEMENT	-							
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET				SACKS CEMENT				
17-1/2 12-1/4	13-3/8 8-5/8				596' 3850'				1525 5-2-93				
7-7/8		5-1/2			7798				7.0.4				
	2-7/8 Tubing				7359'				144 cmp 4 BK				
V. TEST DATA AND REQUE					7005								
OIL WELL (Test must be after t	ecovery of total	volume of	load oil	and must	be equal to o	r exceed top o	illowable f	or this a	iepih or be f	or full 24 hou	rs.)		
Date First New Oil Run To Tank	Date 6. 164					lethod (Flow,	pump, gas	.)					
4-19-93 Length of Test					Flowing Casing Pressure				Choke Size				
24 hours	Tubing Pressure				310				48/64				
Actual Prod. During Test	Oil - Bbls. 213				Water - Bbis. 240				Gas- MCF				
						160							
GAS WELL				_									
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF				Gravity of Condensate				
Testing Method (pitot, back pr.)	t pr.) Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)				Choke Size				
VI. OPERATOR CERTIFIC	ATE OF C	COMPL	LANC	E	,		NICE	71/A	TION	20/10/0			
I hereby certify that the rules and regulations of the Oil Conservation					`	OIL CO	MOE	AVF	HONE	אפועונ	JIV .		
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					Date Approved APR 2 8 1993								
\mathcal{D} . (1.10)					Date Approved								
Detty Silvon					By ORIGINAL SIGNED BY								
Signature Betty Gildon, Regulatory Analyst					MIKE WILLIAMS								
Printed Name Title					TitleSUPERVISOR, DISTRICT !								
4/21/93 915/686-3714					1100								

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Date

- 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.

Telephone No.

- 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.