Interference Litergy, Minerals and Natural Resources Department ISTRICT I P.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Box 2088 P.O. Drawer DD, Antesia, NM 88210 P.O. Box 2088 DISTRICT III Santa Fe, New Mexico 87504-2088	Form C-104 Revised 1-1-89 See Instructions at Bottom of Page
DISTRICT II P.O. Drawer DD, Anesia, NM 88210 DISTRICT II DISTRICT III	at Bottom of Page
P.O. Drawer DD, Anessa, NM 88210 DISTRICT III	
DISTRICT III	
000 Rio Brazos Rd., Aztec, NM 87410	6
REQUEST FOR ALLOWABLE AND AUTHORIZATION	6 1994
TO TRANSPORT OIL AND NATURAL GAS	
Enron Oil & Gas Company 30 015 27686	
Address	
P. O. Box 2267, Midland, Texas 79702 Reason(s) for Filing (Check proper box) Other (Please explain)	
New Well Change in Transporter of:	
Recompletion Dil Dry Gas	
Change in Operator Casinghead Gas Condensate	
f change of operator give name nd address of previous operator	
I. DESCRIPTION OF WELL AND LEASE SE Durhada Kidge	
Lease Name James Ranch Unit 36 -Und. Bone Spring/Delaware State, Federal or Fee N	Lease No. IM 02884–B
Location	III 02004-D
	ast Line
	6
Section 1 Township 23S Range 30E , NMPM, Eddy	County
II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS	
Name of Authorized Transporter of Oil EDIT Energy Operating IP	
EOTT Energy Corp Effective 4-1.94 Name of Authonized Transporter of Casinghead Gas X of Dry Gas Address (Give address to which approved copy of this form is	
GPM Gas Corporation 151 Phillips Bldg, Bartlesville,	
If well produces oil or liquids, Unit Sec. Twp. Rge. Is gas actually connected? When? give location of tanks. G 1 23 30 -NO V.M. 1-25	94
give location of tanks. $G = 1 = 23 = 30$ -25	-11
IV. COMPLETION DATA	
Oil Well Gas Well New Well Workover Deepen Plug Back Sam Designate Type of Completion - (X) X X X	e Res'v Diff Res'v
Designate Type of Completion - (X) X X Date Spudded Date Compl. Ready to Prod. Total Depth	I
11-26-93 . 1-21-94 7820 7734	
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth	
3292.9' GR Bone Spring/Delaware 7293 2-7/8" at Depth Casing Sho	<u>7426</u>
7293-7305	
TUBING, CASING AND CEMENTING RECORD	
	KS CEMENT
	§ 200 C1 C
	& 425 C1 H
V. TEST DATA AND REQUEST FOR ALLOWABLE	
V. TEST DATA AND REQUEST FOR ALLOW ABLE 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 fu	ull 24 hours.)
Date First New Oil Run To Tank Date of Test Producing Method (Flow, pump, gas lift, etc.)	
1-22-94 1-24-94 Pumping (2-1/2" x 1-3/4" x 2 Length of Test Tubing Pressure Casing Pressure Choke Size	26' RHBC)
Lengin of rest	
Actual Prod. During Test Oil - Bbls. Water - Bbls. Gas- MCF	
25 50 275 190 d	77
GAS WELL Annul Book Test Bbis. Condensate/MMCF Gravity of Cond	iensale Part FA
Actual Prod. Test - MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Cond	3-4-94
Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size	Comp & B.
VI. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DI	VISION
I hereby certify that the rules and regulations of the Oil Conservation	
is true and complete to the best of my knowledge and belief. Date Approved	8 1994
Weiter Xilla and I	- 1
Butter Suldon By	<u>CT II</u>
Signature Betty Gitdon, Regulatory Analyst	<u>ç: 11</u>
Signature Betty Gitdon, Regulatory Analyst By Printed Name Title SUPERVISOR 1/25/94 915/686-3714 Title	<u></u>

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.

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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.