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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

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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

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REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Enron Oil & Gas Company		Well API No. 30 015 27703
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"/>	DEC 02 1993
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 James Ranch Unit	Well No. 37	Pool Name, Including Formation Quahoda Rio Delaware, SE	Kind of Lease State State, Federal or Fee	Lease No. E-5229-6
Location				
Unit Letter I	1980	Feet From The south	Line and 660	Feet From The east
Section 36	Township 22S	Range 30E	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"/> EOTT Energy Operating LP Effective 4-1-94	Address (Give address to which approved copy of this form is to be sent) Box 4666, Houston, Texas 77210-4666	
Name of Authorized Transporter of Casinghead Gas GPM Gas Corporation	<input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) 151 Phillips Bldg, Bartlesville, OK 74004	
If well produces oil or liquids, give location of tanks.	Unit I	Sec. 36	Twp. 22S
	Rge. 30E	Is gas actually connected? Yes	When? 11-22-93

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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 10-23-93	Date Compl. Ready to Prod. 11-18-93	Total Depth 7781	P.B.T.D. 7778					
Elevations (DF, RKB, RT, GR, etc.) 3310.2' GR	Name of Producing Formation Delaware	Top Oil/Gas Pay 7529	Tubing Depth 2-7/8" at 7400'					
Perforations 7529-7660	Depth Casing Shoe 7778							
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17-1/2	13-3/8	631	313 PSL C & 200 C1 C					
12-1/4	8-5/8	3853	1400 PSL C & 225 C1 C					
7-7/8	5-1/2	7778	400 PSL C & 415 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 11-21-93	Date of Test 11-22-93	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hours	Tubing Pressure 180	Casing Pressure 780	Choke Size 24/64"
Actual Prod. During Test	Oil - Bbls. 199	Water - Bbls. 244	Gas- MCF 563

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, 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
12-1-93
Date
Title
915/686-3714
Telephone No.

OIL CONSERVATION DIVISION

Date Approved
DEC 28 1993
By
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.