

Submit 5 Copies
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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

JAN 26 1994

I. Operator Enron Oil & Gas Company Well API No. 30 015-27784
Address P. O. Box 2267, Midland, Tx 79702
Reason(s) for Filing (Check proper box) ☐ Other (Please explain)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Operator ☐ Casinghead Gas ☐ Condensate ☐
If change of operator give name and address of previous operator _____

II. DESCRIPTION OF WELL AND LEASE
Lease Name James Ranch Unit Well No. 17 Pool Name, Including Formation Los Medanos Bone Spring Kind of Lease Fed State, Federal or Fee State Lease No. NM 02887-D
Location Unit Letter F : 2080 Feet From The north Line and 1980 Feet From The west Line
Section 6 Township 23S Range 31E , NMPM, Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☒ or Condensate ☐ Address (Give address to which approved copy of this form is to be sent) EOTT Energy Corp P. O. Box 4666, Houston, Texas 77210-4666
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ Address (Give address to which approved copy of this form is to be sent) GPM Gas Corporation 151 Phillips Bldg, Bartlesville, OK 74004
If well produces oil or liquids, give location of tanks. Unit F Sec. 6 Twp. 17 Rge. 31 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 ☐ Gas Well ☒ New Well ☐ Workover ☐ Deepen ☐ Plug Back ☐ Same Res'v ☐ Diff Res'v
Date Spudded 12-14-93 Date Compl. Ready to Prod. 1-21-94 Total Depth 11,300 P.B.T.D. 11,254
Elevations (DF, RKB, RT, GR, etc.) 3310.6' GR Name of Producing Formation Bone Spring Top Oil/Gas Pay 10998 Tubing Depth N/A
Perforations 10998-11022 Depth Casing Shoe 11,300'

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
14-3/4	11-3/4	623	425 C1 C
11	8-5/8	3876	970 PSL C & 225 C1 C
7-7/8	5-1/2	11300	1576 Super H & 130 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 1-23-94 Date of Test 1-24-94 Producing Method (Flow, pump, gas lift, etc.) Flowing
Length of Test 24 hours Tubing Pressure - Casing Pressure 540 Choke Size 18/64"
Actual Prod. During Test Oil - Bbls. 35 Water - Bbls. 120 Gas - MCF 0

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.
Betty Gildon
Signature Betty Gildon, Regulatory Analyst
Printed Name 1/25/94 Title 915/686-3714
Date Telephone No.

OIL CONSERVATION DIVISION
Date Approved JAN 31 1994
By SUPERVISOR, DISTRICT II
Title

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.