

OIL CONSERVATION DIVISION

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

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

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

48098

I.

Operator Matador Operating Company	Well API No. 30 015 22085
Address Suite 158, Pecan Creek, 8340 Meadow Road, Dallas, Texas 75231	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Change in Operator <input checked="" type="checkbox"/>	Effective 5-1-92
If change of operator give name and address of previous operator Enron Oil & Gas Company, P. O. Box 2267, Midland, Texas 79702	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Grynberg 11 Federal Com.	Well No. 1	Pool Name, Including Formation White City Penn	Kind of Lease Fed State, Federal or Fee	Lease No. NM 14468
Location Unit Letter <u>B</u> : <u>1650</u> Feet From The <u>north</u> Line and <u>1650</u> Feet From The <u>east</u> Line Section <u>11</u> Township <u>25S</u> Range <u>26E</u> , NMPM, <u>Eddy</u> County				

ECOT Energy Operating LP

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Enron Oil Trading & Transp. Company, Inc.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1188, Houston, Texas 77251-1188
Name of Authorized Transporter of Casinghead Gas Natural Gas Pipeline Co of America	Address (Give address to which approved copy of this form is to be sent) 122 S. Michigan Avenue, Chicago, Ill 60606
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When ? B 11 25 26 Yes 3-29-78

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	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

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
Betty Gildon, Regulatory Analyst
Printed Name
Date 4/29/92
Telephone No. 915/686-3714

OIL CONSERVATION DIVISION

Date Approved MAY 19 1992

By MIKE WILLIAMS
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.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.