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NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT BY  
OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and C.  
Effective 1-1-65

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**FEB 12 1987**  
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**I. OPERATOR**  
Operator: Enron Oil & Gas Company  
Address: P. O. Box 2267, Midland, Texas 79702

Reason(s) for filing (Check proper box)  
 New Well       Change in Transporter of:  
 Recompletion       Oil       Dry Gas   
 Change in Ownership       Casinghead Gas       Condensate       Other (Please explain) Change Operator Name

If change of ownership give name and address of previous owner: HNG OIL COMPANY, P. O. Box 2267, Midland, Texas 79702

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name <u>Salt Draw 2 Com.</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Und. Salt Draw Atoka</u>	Kind of Lease State, Federal or Fee	Fee	Lease No. -
Location Unit Letter <u>E</u> ; <u>1980</u> Feet From The <u>north</u> Line and <u>660</u> Feet From The <u>west</u> Line of Section <u>2</u> Township <u>25S</u> Range <u>28E</u> , NMPM, <u>Eddy</u> County					

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> <u>Enron Oil Trading &amp; Transp., Inc.</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 20108, Shreveport, LA 71120</u>				
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <u>Llano, Inc.</u>	Address (Give address to which approved copy of this form is to be sent) <u>Drawer 1320, Hobbs, NM 88240</u>				
If well produces oil or liquids, give location of tanks.	Unit <u>E</u>	Sec. <u>2</u>	Twp. <u>25</u>	Rge. <u>28</u>	Is gas actually connected? When <u>Yes</u> <u>2/11/86</u>

**IV. COMPLETION DATA**

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

Designate Type of Completion - (X)	<input type="checkbox"/> Oil Well	<input type="checkbox"/> Gas Well	<input type="checkbox"/> New Well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Same Res'v.	<input type="checkbox"/> 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			
<b>TUBING, CASING, AND CEMENTING RECORD</b>								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
					<u>Post FD-3</u> <u>3-27-87</u> <u>chg up</u> <u>ch L.T. URD</u>			

**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 Tanks	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. CERTIFICATE OF COMPLIANCE**

I hereby certify that the rules and regulations of the Oil Conservation Commission 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  
2/10/87  
(Date)

**OIL CONSERVATION COMMISSION**

APPROVED MAR 23 1987, 19\_\_

BY Original Signed By  
Les A. Clements  
Supervisor District 11

TITLE \_\_\_\_\_

This form is to be filed in compliance with RULE 1104.  
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for allowable on new and recompleted wells.  
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.  
Separate Forms C-104 must be filed for each pool in multiple.