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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

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OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III
1000 Rio Brazos Rd., Aziec. NM 27410

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

XVU KIO BRIZOS Kd., AZIEC, MMI 9/41U	REQL	JEST FO	OR AL	LOWAB	LE AND A	\UT⊦ ſUR∤	IORIZ AL GA	ZATION S					
) Operator		/	1131	JIII OIL	AILD IVI			Well A		30-015-	25280		
Pogo Producing C								L		00 010			
P.O. Box 10340,	Midla	nd, Te	xas	79702-		r (Plea	se expla	in)					
Reason(s) for Filing (Check proper box) New Well		Change in	Transpo	rter of:		(,, ,,,,,,							
Recompletion	Oil	_	Dry Gas	_	Effect	ivo	6/1/9	92					
Change in Operator	Casinghea		Conden		0 West W				yas 79	701			
nd address of previous operator	ш 15-5.	-Torra	ns, c	7. 31	1 · / /	۳,	1110	lana, it	27140	70-4			
I. DESCRIPTION OF WELL A	ND LE	Well No.		n //	ng Formation	les.	40	Kind o	(Lease		ease No.		
Lease Name HNG "35" Federal		Well No.	Wi	ildcat,	Delawar	·e		State,	Federal or Fee	NM-2	6870		
Location					South		660			East			
Unit Letter	:	50	Feet Fr	om The	South Line	and _		Fe	et From The _		Line		
Section 35 Township	25 Sc	outh	Range	26 Ea	st , N	мрм,	Edd	У			County		
TO DESCRIPTION OF TRANS	· nante	n of o	FE ANI	n NATII	DAL GAS								
II. DESIGNATION OF TRANS Name of Authorized Transporter of Oil	XX	or Conden			Address (Giv				copy of this fo		ent)		
Enron Oil Trading										orn, Texas 77252 copy of this form is so be sent)			
Name of Authorized Transporter of Casing	head Gas		or Dry	Gas []	Address (GIN	e adare	133 IO WA	ися арргочев	copy of the je	<i></i>			
If well produces oil or liquids,	Unit	Sec.	Twp.	•	le gas actuali	-	cted?	When	7				
rive location of tanks.	P	35	255	26E	ine order sumi			<u>l</u>					
this production is commingled with that five COMPLETION DATA	rom any ou	HET PERME OF	poor, grv	e consuming	ing Order daile								
Designate Type of Completion -	· (X)	Oil Well		Jas Well	New Well	Worl	kover	Doepen	Plug Back	Same Res'v	Diff Res'v		
Date Spudded		pl. Ready to	o Prod.		Total Depth	A		<u> </u>	P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	Name of I	Producing F	ormation		Top Oil/Gas	Pay			Tubing Dep	th			
					L				Depth Casis	ng Shoe			
Perforations													
		TUBING	, CASI	NG AND	CEMENTI	NG R	ECOR	D			45145		
HOLE SIZE	CA	ASING & T	UBING :	SIZE		DEP1	TH SET		 	SACKS CE	MENI		
	ļ	 -			 								
									 				
V. TEST DATA AND REQUES	T FOR	ALLOW	ABLE		l				ــــــــــــــــــــــــــــــــــــــ				
OIL WELL (Test must be after to	ecovery of	total volume	of load	oil and must	be equal to o	r exceed	d top all	owable for th	is depth or be	for full 24 ho	ners.)		
Date First New Oil Run To Tank	Date of T	est			Producing M	lethod (Flow, p	ump, gas lift,	eic.)				
Length of Test	Tubing P	ressure			Casing Press	Aire			Choke Size				
Actual Prod. During Test	Oil - Bbl				Water - Bbla	L.			Gas- MCF				
Actual 1100: During 1444							<u> </u>		<u> </u>				
GAS WELL	—						* 17 **		ाराज्यां के	Condensate			
Actual Prod. Test - MCF/D	Length o	Test			Bbls. Conde	nsale/N	MCF		Oravity of	Contractions			
Tosting Method (pitot, back pr.)	Tubing P	ressure (Shi	ut-in)	·····	Casing Press	rure (St	rut-in)		Choke Size				
VI. OPERATOR CERTIFIC	ATE O	F COM	PLIA	NCE				UCEDV	ATION	DIMEI	ON		
I hereby certify that the rules and regul	lations of th	ie Oil Conse	ervation		1	OIL	COI	N2EH V	'ATION	וטועוטו	ON		
Division have been complied with and is true and complete to the best of my	that the inf	iormation gi and belief.	ode asv	/E	Det	a An	prove	ed e	JUI 9.	2 1992			
		//			Dai	e vh	piove						
KUMO OW	USL				∥ By_		0	RIGINAL	SIGNED E	3Y			
Signature Richard L. Wrig	hť,	Div. O	<u> </u>	Supt.			M	HKE WILL	JAMS OR, DISTR	RICT I			
Printed Name June 30, 1992		(915)68	Title 82-68	22	Title)	3	OFERVIO:	<u>JN, DIST</u>				
Date	,		lephone										

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.

Submit 5 Copies Appropriate District Office DISTRICT 1 P.O. Box 1980, Hobbs, NM 88240

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

State of New Mexico Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

JUL - 6 1992

	Santa Fe, New N	Mexico 8/304-2088	~), C. 9.							
STRICT III OO Rio Brazos Rd., Azzec, NM 87410	REQUEST FOR ALLOWA	ABLE AND AUTHORIZAT	rion.	CON DELICE							
	TO TRANSPORT O	IL AND NATURAL GAS	Well AP	I No.							
perator	•		30 015 25280								
Louis S. Torrans, J.			1								
310 West Wall, Midl	and, Texas 79701	Other (Please explain)									
ason(s) for Filing (Check proper box)	Change in Transporter of:										
ew Well	Oil Dry Gas]									
ecompletion \(\sum_{\text{X}}\)	Casinghead Gas Condensate	Effective 6/1/9	92								
thange of operator give name	Enron Oil & Gas Company	, P. O. Box 2267, M	<u>idland</u>	Texas 79	702						
address of previous operator DESCRIPTION OF WELL											
ease Name	Well No. Pool Name, inci	luding Formation		Lease FED ederal or Fee							
HNG 35 Federal	1 Wildcat	Delaware	NM 2087			20870					
ocation	. 660 Feet From The	southLine and 660	Fee	t From The	east	Line					
Unit Letter P	: 660 Feet From The					_					
Section 35 Towns	hip 25S Range 2	26E , nmpm , E	ddy			County					
T DESIGNATION OF TRA	NSPORTER OF OIL AND NAT	ΓURAL GAS									
iame of Authorized Transporter of Oil	or Condensate	Montess (Othe arren ma to mine)									
Enron Oil Trading &		P. O. Box 20108.	P. O. Box 20108, Shreveport, LA 71120 Address (Give address to which approved copy of this form is to be sent)								
lame of Authorized Transporter of Cas	inghead Gas X or Dry Gas	Address (Othe address to whach	. шрр. Ст.								
None f well produces oil or liquids,	Unit Sec. Twp.	tge. Is gas actually connected?	When	?							
ive location of tanks.	P 35 25S 26	E No									
this production is commingled with th	at from any other lease or pool, give comm	ningling order number:									
V. COMPLETION DATA	Oil Well Gas Wel	New Well Workover	Deepen	Plug Back Sar	ne Res'v	Diff Res'v					
Designate Type of Completion	m - (X) χ			7777		<u> </u>					
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.							
Elevations (DF, RKB, RT, GR, etc.)	Top Oil/Gas Pay	Top Oil/Gas Pay									
Elevations (DF, KAB, KI, OK, etc.)											
Perforations				Depth Casing S							
	TUBING, CASING A	ND CEMENTING RECORD			CKS CEM						
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	DEPTH SET								
				 							
V. TEST DATA AND REQU	EST FOR ALLOWABLE				6.11 24 hav	ì					
OIL WELL (Test must be after	er recovery of total volume of load oil and	must be equal to or exceed top allow Producing Method (Flow, purn	able for the	s depth or be for	jui 24 nou	<i>(</i> () ()					
Date First New Oil Run To Tank	Date of Test	Producing Medica (Prow. puri	φ, εω 191,								
Length of Test	Tubing Pressure	Casing Pressure		Choke Size							
		Woter Phis	Water - Bbls.			Gas- MCF					
Actual Prod. During Test	Oil - Bbls.	Water - Dois.									
				Ciravity of Co							
GAS WELL Actual Prod. Test - MCF/D	Bbls. Condensate/MMCF	Bbls. Condensate/MMCF									
		Casing Pressure (Shut-in)	Casing Pressure (Shut-in)			Choke Size					
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Ceoung 1100suite (Olive in)	Casilly Freezone (Sing-in)								
AT ODED ATOD CEDTE	TCATE OF COMPLIANCE	0" 00"	OFD'	ATIONE	11/101/)NI					
I hereby certify that the rules and I	egulations of the Oil Conservation	OIL CON	o⊏K ∧	ATIONL	10101	JIN					
Division have been complied your	and that the information given above		, t	JUL 2 2 19	192						
is true and complete to the best of	my knowledge and belief.	Date Approved	1 — †	JUL & & 13) J <u>E</u>						
Dom. Y	100000		L	\							
Signature	Water Analyst	_	Non I	\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\							
Betty Gildon, Reg	ulatory Analyst Title	— Title	\WW 1	1007							
Printed Name 6/29/92	915/686-3714		, /	J' (
0/29/92 Date	Telephone No.										

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